

## RESEARCH ARTICLE

## The Elderly Expectations of the Caregiver's Sociodemographic Preferences: a Qualitative Approach

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### Abstract

Prevalence of chronic diseases and disability will increase at the advancing age. In the future, the need for the caregiver will increase. Only few studies about the expectations of the elderly towards the sociodemographics status of the caregiver found. Unfulfilled expectations of the elderly towards their caregivers may cause both health and non-health issues. The purpose of this study was to explore the elderly expectations of the caregiver's sociodemographic preferences. A qualitative study was carried out to 7 elderly aged 64-77 years old from July to August 2018 in Bandung city. These elderly selected from 7 integrated care posts (*pos pembinaan terpadu/posbindu*) that met the inclusion criteria: aged 60 years old and above; male or female; capable of communicating adeptly, and no dementia by undergoing the mini-mental state examination (MMSE). A one-on-one interview was conducted at the residence of the elderly using an interview guide consisted of several opened questions related to the caregiver's sociodemographic preferences. A content analysis was carried out. This study discovered that the elderly preferred their family members or relatives whom they can trust to become their caregivers (their children and grandchildren). Most of these elderly also preferred daughters who live with them and has a decent income. If the family members could not become their caregiver then their neighbor or a community volunteer/cadre, they knew well, and trust to be their caregiver. It concluded that the elderly prefer their daughters who live with them and has a decent income to be their caregivers.

**Key words:** Caregiver, elderly, family member, sociodemographic

## Ekspektasi Usia Lanjut terhadap Status Sosiodemografi Caregiver: Suatu Pendekatan Kualitatif

### Abstrak

Prevalensi penyakit kronis dan disabilitas akan meningkat dengan pertambahan usia. Hal ini berdampak pada kebutuhan terhadap *caregiver* akan meningkat pula. Penelitian tentang ekspektasi usia lanjut terhadap status sosiodemografi *caregiver* belum banyak dilakukan. Ekspektasi usia lanjut merupakan faktor penting karena bila ekspektasi tersebut tidak terpenuhi maka akan berisiko timbul masalah kesehatan dan nonkesehatan. Tujuan penelitian ini mengeksplorasi ekspektasi usia lanjut terhadap status sosiodemografi *caregiver*. Studi kualitatif dilakukan terhadap 7 orang usia lanjut berusia 64-77 tahun pada Juli hingga Agustus 2018 di Kota Bandung. Para usia lanjut berasal dari 7 pos pembinaan terpadu (*posbindu*) yang memenuhi kriteria inklusi, yaitu usia  $\geq 60$  tahun, laki-laki atau perempuan, dapat berkomunikasi dengan baik, dan tidak demensia dengan dilakukan *mini-mental state examination* (MMSE). Wawancara dilakukan di kediaman informan masing-masing menggunakan panduan wawancara terkait pertanyaan dengan preferensi sosiodemografi *caregiver*. Analisis konten dilakukan. Studi ini menemukan bahwa usia lanjut lebih memilih anggota keluarga mereka yang dapat dipercaya untuk menjadi *caregiver* terutama anak dan cucu. Anak perempuan yang tinggal bersama usia lanjut dan memiliki penghasilan layak menjadi pilihan utama. Jika anggota keluarga tidak dapat menjadi *caregiver* maka tetangga atau kader yang mereka kenal baik dan dipercaya menjadi pilihan. Simpulan, pilihan utama *caregiver* bagi usia lanjut, yaitu anak perempuan mereka yang tinggal bersama dan memiliki penghasilan layak.

**Kata kunci:** Anggota keluarga, *caregiver*, sosiodemografi, usia lanjut

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## Introduction

The success of health programs in Indonesia has rendered a positive impact towards the increase of life expectancy at birth from 69.81 in 2011 to 71.06 in 2017.<sup>1</sup> This particular success does not necessarily obliterate the increase of the elderly's health status. Degenerative diseases and disabilities are still increasing. According to the Basic Health Research (*Riset Kesehatan Dasar/Riskesdas*) 2018, in Indonesia, the dependency level of the elderly aged 60 years old and above was 25.75% and escalated according to the increasing age. Those elderly aged 80 years old and above had 2.5 times level of dependence compared to those aged 60–69 years (49.96% and 19.7% respectively).<sup>2</sup> This situation also occur in West Java. According to the same report, the dependency level of the elderly aged 60 years old and above was 27.58%, slightly higher compared to Indonesia.<sup>2</sup>

Disabilities create a dependent state so that the need of caregivers increases. Caregivers can be categorized as formal and informal.<sup>3</sup> Formal caregivers are professional and paid for, while informal caregivers are usually family members, friends, or a member of the surrounding society who volunteers to spare some time and care for the elderly.<sup>3</sup> The category and demography of caregivers vary, although most are in the informal caregiver category and are working, adult females who are part of the family member living with the elderly.<sup>4–6</sup>

Studies concerning the elderly's caregivers in the elderly's caregivers perspectives had been carried out in many countries.<sup>3–9</sup> Hence the expectations of the elderly towards their caregivers is essential to explore.<sup>10,11</sup> Unfulfilled expectations of the elderly towards their caregivers may cause both health and non-health issues.<sup>10</sup> The purpose of this study was to explore the elderly expectations of the caregiver's sociodemographic preferences.

## Methods

A qualitative study based on one-on-one interviews was carried out to 7 informants aged 64–77 years old from Bandung city. It is one of the cities in West Java with the most significant number of elderly. A qualitative approach was chosen to explore new information and better comprehension regarding the expectations of the

elderly towards their caregivers. This study was carried out from July to August 2018.

The informants came from 7 different integrated care posts (*pos pembinaan terpadu/posbindu*) selected through simple random sampling was taken from 10% (7 public health center/*pusat kesehatan masyarakat [puskesmas]*) of all 72 *puskesmas*. From each *posbindu*, one informant was chosen that met the inclusion criteria as follows: 1) aged 60 years old and above, male or female, 2) capable of communicating adeptly (not experiencing any physical or mental disabilities that can interfere with communication skills), and 3) no sign of dementia by undergoing the mini-mental state examination (MMSE) test. They need to achieve a total score of >23 for the elderly with an educational degree lower than high school and >25 for the elderly with a high school or higher degree of education.<sup>12</sup>

This study had obtained ethical clearance from the Health Research Ethics Committee of the Faculty of Medicine, Universitas Padjadjaran with letter number: 727/UN6.KEP/EC/2018. The researcher follows the protocol on data collection procedures by explained the purpose and procedures of the study beforehand. If the informants agreed to be an informant of the study, they were asked to sign the informed consent sheet. Data recorded a voice recorder (mp4).

A one-on-one interview is conducted at the informant residence using an interview guide. It consisted of several opened questions related to the caregiver's sociodemographic preferences. The topics explored were the choices for formal or informal caregivers, the caregiver relationship with the elderly, their gender, marital status, occupation, and residence, along with the tasks expected to be done by them.

One of the researchers transcribed the interview results in ad verbatim and then distributed to the two other researchers for validation. The principal researcher led the content analysis of the collected data.

## Results

From 7 informants interviewed the aged range from 64–77 years old. Informants with and without a partner were similar in the ratio and mostly had lower education and unemployed. Only one informant had a business at home. All informants had children who all already married,

except for one informant without a child (Table 1).

This study discovered that all informants reside in their own homes and mostly live with several family members, including children. The children of the informants who were no longer living with the informants mostly still lived in the

same region or in the same city (Table 2).

The children living in the informants' houses were mostly married male. One informant lived with her daughter and one live the son and daughter.

This study discovered that all informants had a caregiver, despite able to carry out their daily

**Table 1 Informant Characteristics**

Code	Sex	Age	Marital Status	Previous Education	Occupation	Number of Children	Children's Marital Status
I1	F	68	Married (no spouse)	Elementary school	Unemployed	2	Married
I2	F	68	Married	High school	Unemployed	3	Married
I3	F	68	Married	Junior high school	Unemployed	-	-
I4	F	64	Married	Elementary school	Unemployed	5	Married
I5	M	75	Married	Elementary school	Unemployed	5	Married
I6	F	72	Married (no spouse)	High school	Employed	4	Married
I7	F	77	Married (no spouse)	Elementary school	Unemployed	4	Married

I: informant, M: male, F: female

**Table 2 House Ownership, Living Arrangements, Number of Children, and Residence**

Code	House Ownership	Living with	Number of Children	Childrens' Residence
I1	Self-owned	1. Daughter 2. Grandchild 3. In-law	2	Same house
I2	Self-owned	1. Partner	3	Beyond region
I3	Self-owned	1. Partner 2. Younger sibling	-	-
I4	Self-owned	1. Partner 2. Son & daughter 3. Grandchild 4. In-laws	5	Same house
I5	Self-owned	1. Partner	5	Beyond region
I6	Self-owned	1. Son 2. In-law 3. Grandchild	4	Same region and beyond region
I7	Self-owned	1. Son 2. In-law 3. Grandchild 4. Younger sibling	4	Same house and beyond region

I: informant

**Table 3 The Elderly' Expectations towards the Caregivers with a Familial Relationship**

Informants	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice
I1	Children	Grandchild	Younger sibling
I2	Children	Husband	Grandchild
I3	Younger sibling	Husband	Nephew
I4	Children	Grandchild	Grandchild
I5	Children	Grandchild	Wife
I6	Children	Children	Children
I7	Children	Younger sibling	–

**Table 4 Sosiodemographic Distribution of the Caregivers Preferences**

Code	Sex	Age	Marital Status	Occupation	Residency
I1	Female	Adult	No preference	Unemployed	Nearby
I2	Female/Male	Adult	No preference	Employed	Nearby
I3	Female/Male	Adult	No preference	No preference	Nearby
I4	Female/Male	Adult	No preference	Employed	Nearby
I5	Female/Male	Adult	No preference	Employed	Nearby
I6	Female	Adult	No preference	No preference	Nearby
I7	Male	Adult	No preference	Employed	Nearby

I: informant

activities on their own. Assistance required for several activities such as cooking, doing laundry, or accompanying them to go to the doctor or *puskesmas* when they were ill.

Caregivers of the informants still had a familial relationship, such as partners, children, or younger siblings. The topic of who would be the best caregiver in the case when the informants were incapable of carrying out their daily activities, mostly chose their children as their first choice. The results applied both for informants who still had a partner and those who did not.

The reason stated by the informants regarding their choices was the fact that their children were more capable of taking care of their parents. Most informants assumed that it was now the time for the children to take care of them to return lifelong favor.

*“We took care of them since they were a baby. So this is the least they can do for us. Why not my husband to be my caregiver? Because the*

*children are younger, their stamina is also different. Also, the children should be responsible (of their parents), that is what I think.”* (I2, female, 68 years old, married)

Another reason for the choice for children as caregivers was that children were considered giving their love and care unconditionally. They are emotionally closer to their parents compared to the in-laws or other family members, as stated in the following.

*“Love and affection given by children to their parents are different compared to others. Our children know that they have been taken care of since they were a baby until they now have their own. So it makes them closer to us, that is what I feel regarding children, especially my own.”* (I7, female, 77 years old, widowed)

This study showed that there was one informant without a child, who chose a younger sibling who lived close by as a caregiver. The reason stated to

comprise a very close relationship and a high level of trust between the two. This informant did not choose her husband to be her caregiver because her husband was still had several activities and was often not at home.

Regarding the second choice who would be their caregivers, this study discovered that caregivers who had a familial relationship still be the choice, especially grandchildren. For informants without a spouse, the second choice varied, from a younger sibling to children and grandchildren (Table 2). The third choice, meanwhile, mainly comprises of grandchildren, nephew, and spouse for informants with a partner, and grandchild or children for informants that did not have a spouse.

This study discovered that most of the informants did not wish for a non-family member to become their caregiver. Two informants stated that if the family member could not become their caregiver, then they prefer their neighbor or a community volunteer (cadre) they knew well to be their caregiver.

The reason stated for those who had no preferences was that it did not matter to them as long as their caregivers can spare enough time to take care of them, was wholehearted in caring for them and attentive. Informants who chose females as their caregivers had reasons that their daughters were their eldest children, that they felt close to their daughters and did not feel awkward if taken care of by them. While informants who chose males as their caregivers considered them more financially secure and were also their eldest children.

Regarding marital status, all informants had no preferences of their caregivers' marital status. Part of the informants stated that it only matters that their caregivers were capable of taking care of them, as stated in the following.

*"Those who are married and not are the same, as long as they can take care of me, for example, nowadays, when I need to go to the hospital, I go with my child or grandchild." (I5, 75 years old, married)*

In this study, the expectation of the informants towards the occupational status of their caregivers varied. Most of the informants were supportive towards caregivers who were employed, assuming that by having a job, the caregivers could fulfill the needs of their family

and their own. One informant preferred the caregiver to be unemployed, assuming that females had a responsibility as a housewife. All informants preferred their caregivers to live close.

The expected tasks for their respective caregivers were to assist the informants in their daily activities, such as eating, drinking, dressing up, going to the bathroom, bathing, and also transporting. When the informants were ill, the caregivers were expected to take care of them by feeding, bathing, assisting them into the bathroom, and dressing. The informants also expected that the caregivers could take them to go to the *posbindu*, a doctor, the *puskesmas* or the hospital. These caregivers were also expected to be able to do housework and accompanied the informants to the mosque, markets, and recreational sites.

*"Yes, just ordinary work, most washing dishes, wiping, cleaning the garden, accompanying me to the health center or hospital, if dizzy at home, take the city bus to the city square. Returning from the city square, come back here again, it's refreshing." (I2, female, 68 years old, married)*

*"Washing, cleaning, cooking. If I am ill: showering, changing clothes, going to the bathroom, also feeding. If I want to go, they accompany me to the mosque market." (I3, female, 68 years old, married)*

Regarding the informants' desires to live in a nursing home showed that some of the informants did not even know about nursing homes. The informants who did stated their reluctance to live in a nursing home because they trusted their children more than other people and that living in a nursing home was something their children forbade them to do. Another opinion stated by an informant was that there was a particular fear of not being cared for in the nursing home because most of those homes were free of charge and also a feeling of distrust towards caregivers working in the nursing home whom they were not familiar. The informants stated that children who put their parents in a nursing home were ungodly (*durhaka*) children. Children who did not want to take care of their parents will put them in a nursing home.

*"I do not know, but If my children put me in the nursing home, they are ungodly children." (I2,*

female, 68 years old, married)

## Discussion

Indonesia is currently a country with a higher proportion of the elderly compared to children under five. According to the Statistics Indonesia, in 2030, the proportion of the elderly will double in comparison to children under five (13.8%, 7.4%, respectively).<sup>13</sup> This increase will be a risk factor for socioeconomic and health status. The condition of the health of the elderly in Indonesia is not excellent. The number of illnesses in the elderly in 2017 is 26.72% on average (20.49–36.02%).<sup>13</sup> From that number, 35.31% is suffering from chronic diseases and requires hospitalization for more than a week.<sup>13</sup> With that condition, the need for caregivers will arise and become an essential issue for the near future.

Caregivers are people who care for other people, including the elderly, whether they are being paid or not. They are usually family or friends of the elderly.<sup>7,8</sup> This study showed that a majority of the elderly preferred informal caregivers to formal ones, especially those who were relatives as a first, second, and even a third choice compared to having a stranger to care for them. These informal caregivers were their children or grandchildren. These findings are in coherence to a prior study conducted by Liu in Taiwan, where 75% of the elderly accompanied by informal caregivers who were also family members.<sup>14</sup> Other studies conducted by Ahmad in Pakistan<sup>9</sup> and Watta et al.<sup>11</sup> in southern Sri Lanka showed the same result. The people in Asian countries believe that family is a matter of utmost importance. According to Lamb,<sup>15</sup> the family is a priority to the elderly and acts as some old age guarantee/insurance for them. A study by Loureiro et al.<sup>5</sup> in Brazil found that family is perceived as a reciprocal unit towards the care of a parent or a senior citizen that given in the past and as hope that this family will have the same experiences as they will get old.

The first choice of informal caregivers were children. The main reason for this majority of choice was that the elderly considered that it was the time for their children to care for their parents as a form of returning lifelong favor. The children feel obligated to become caregivers due to their affection and respect towards their parents. Aside from those feelings, they also feel a particular moral obligation to return the favor to their

parents who have sacrificed and raise them with affection.<sup>11,15</sup> The care that is given by children to their parents based on moral obligation, religion, society expectations, and children's affection for their parents. In Indonesia, parents still consider being on a high cultural value. Children obligated to care for their parents as much as their parents have cared for them in the past.<sup>16</sup>

Female children are the top choice to become caregivers. In the gender context, females are positioned to care for their families, starting from when they were children, as partners, and as parents. With this 'care' experience, a female requires minimum adaptation in caring for their parents compared to males.<sup>17</sup> Even so, the gender choice in caring for parents also depend on the emotional proximity<sup>18</sup> between a parent and their child, financial stability, and cultural values upheld by the family.<sup>19</sup> A study by Schröder-Butterfill and Fithry<sup>20</sup> discovered that in the Minangkabau culture that upheld matrilineality, parents preferred daughters to become their caregivers, while in the Javanese culture, choice of gender was not an important issue.

In this study, all the caregivers were married with children and lived with their parents. This condition is called the sandwich generation.<sup>21</sup> The sandwich generation faces a variety of situations, including time, energy, job, and resource management, to care for their parents, along with their children.<sup>21</sup> A study of eighteen working women by Evans et al.<sup>22</sup> revealed that role balance strategies should be developed among these working 'sandwich' generation women. Evans et al.<sup>22</sup> discovered that to be a working woman and at the same time to care for her family (parents and children) must be seen positively. Six within-role balance strategies discovered in this study were living with integrity, being the best you can, doing what you love, loving what you do, remembering why and searching for signs of success. This study also described six between-role balance strategies: maintaining health and wellbeing, repressing perfectionism, managing time and energy, releasing responsibility, nurturing social connection and reciprocating.<sup>22</sup>

Migrant children increase rapidly. A study in Thailand revealed that some assistance could be carried out by using the technology provided. Distant children could use the bank to transfer money to their parents. Nowadays, technology also eases communication between parents and children. The cell-phone is easy and relatively

cheap to provide.<sup>23</sup>

If the elderly need to go to the doctor or if they are disabled and the family members or relatives were incapable of becoming a caregiver, then these caregivers will be from other informal caregivers or paid formal caregivers.<sup>24</sup> Examples of informal caregivers are neighbors and friends.<sup>24</sup> This study showed that if there were no family members to become the caregiver, then an acquaintance, a neighbor, or a familiar community volunteers (cadre) was chosen to become one. A study by Faquinello and Marcon<sup>24</sup> found that most informal caregivers who were not relatives were neighbors and friends who were considered closer to the elderly long before they were rendered dependent. They consent to become a caregiver due to moral consciousness as a friend, even though this opinion is still a controversy.

Formal caregivers, such as those in nursing homes, did not make it into consideration. This study discovered that nursing homes were not considered by the elderly because it was perceived as a facility with a lack of human resources, a detached relationship between the occupants and was a disrespectful act to send parents into the nursing homes. The results are in line with a study by Mendez-Luck et al.<sup>25</sup> conducted in Mexico who found that staying at home instead of a nursing home was considered more affectionate due to its emotional warmth and services. Care for parents require affection that could not get in the nursing homes.

This study had its limitations. Almost all informants were females so that the perspective of male elderly was not explored thoroughly. Moreover, there were no elderly from a nursing home, which can enrich the expectations of the elderly towards the formal caregivers who worked in the nursing home. Another limitation was that no direct observation made of the relationship between the elderly and their children during the interview. Although this study had some limitations, this study had a significant result in providing a clear illustration that in the Indonesian culture, informal caregivers who were family members had become the first choice considered by the elderly and if there were incapability of the family members or relatives of becoming a caregiver, the neighbor or a familiar community volunteers (cadre) was chosen to become one. Future studies should be carried out to explore the child's perspective towards the

caring of their parents.

## Conclusions

The elderly prefers their family members or relatives to become their caregivers, especially their children and or grandchildren. The main reason for this majority of choice as it was the time for them to return lifelong favor. Most of these elderly also prefer daughters who live with them and has a decent income, although the gender choice in caring for parents also depend on the emotional proximity and cultural values. If the family member could not become their caregiver, then they prefer their neighbor or a community volunteer (cadre) they knew well to be their caregiver.

## Conflict of Interest

The authors declare that they have no conflict of interest.

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