

# Experience of Rural Family Caregivers for Older Adults in Co-Residential Family Care Arrangements in Central Ethiopia: Motives of Family Caregivers in Reciprocal Relationship

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**Purpose:** This study aimed to describe the experience of rural family caregivers' motive to care for older adults in rural Ethiopia.

**Methods:** We used a descriptive phenomenological study method. Data from semi-structured interviews with purposively sampled caregivers were inductively coded and developed into themes. Mechanisms were used to increase the trustworthiness of the study.

**Results:** The main theme that emerged from the data as motives for caregiving for rural older adults are traditional norms of filial responsibility and indebtedness, religious values, quality of a relationship, and older adults' reciprocity materially, in knowledge, work sharing, and emotional companionship.

**Conclusion:** There is no single motive among family caregivers that initiate co-residential caregiving for older adults. Multiple motives of obligation, altruism, religious values, emotional attachment, economic motive, and reciprocity of care have contributed to co-residential family care.

**Recommendation:** Strengthening the capacity of family caregivers through training and economic support to care for older adults should be emphasized. Early child-parent relationships and religious values should get attention from family practitioners and policymakers.

**Keywords:** motives of care, older adults care, family care, informal care, reciprocity of care, qualitative study

## Introduction

The role of kin in the care and support of older adults is significant, especially in rural areas.<sup>1,2</sup> Unlike developed countries which rely on formal institutional mechanisms to address older people's problems, care and support for older people in sub-Saharan Africa are mainly provided by the household and family supplemented by kinship networks.<sup>3</sup> Filial obligation<sup>4,5</sup> for care especially when a parent is female, widowed, or has poor health status is a common practice<sup>6</sup> and this is a result of intergenerational transmission of care.<sup>4</sup> Moreover, economic problem, separation and divorce and neglect by former caregivers push older adults to seek for family care in co-residential settings.<sup>7</sup> However, culture is an important factor in caregiving behaviors<sup>8</sup> and filial obligation is more common in Spain and Israel than in England and Norway.<sup>9</sup> A comparative study between Americans and Netherlands showed that the former have stronger feelings of obligation to support aging parents than the latter. Providing care is more common in the US with less public assistance for a family in need than in the Netherlands.<sup>10</sup>

Concerning reciprocity of care, kinship may not ensure unconditional care rather kin expect some benefits or reciprocation in economic resources from the older adults to provide the necessary assistance.<sup>11-13</sup> Older adults living in family settings are not only cared recipients but are also instrumental to the family.<sup>7</sup> Older people reciprocate the support they receive from their children through household chores and care for dependents in the family.<sup>14-16</sup>

In Ethiopia, the number of older adults is projected to reach 5,325,652 million in 2022. Among these, 78% will live in rural areas and 22% will live in urban areas.<sup>17</sup> Most dependent older adults in Ethiopia live in their or family homes obtaining support from their relatives.<sup>11,16–18</sup> Even though the majority of older adults in Ethiopia receive care and support through their kinship ties,<sup>11,16</sup> studies tend to focus on older adults in residential care institutions with little attention to older adults living within the community,<sup>19</sup> particularly to those who are in a co-residential living arrangement with their kin. Previous studies in Ethiopia focus on institutionalized and urban-dwelling older adults with little attention to those in the informal care paradigm and rural areas. Therefore, this study aimed to explore the experiences of rural family caregivers for older adults in co-residential family care arrangements in central Ethiopia: motives of family caregivers in a reciprocal relationship.

## Materials and Methods

### Setting

This study was conducted in *Bassona Werrana Woreda* (the third level administrative division of Ethiopia –after zones and regional states) which is found in the North *Shoa* Zone of the *Amhara* region. Data shows that the number of older people aged 60 and above was 11,103 (9.1%) in 2007.<sup>20</sup> The number increased to 13,052 (9.5%) in 2021 (*Bassona Werana Woreda* Economic and finance development office, 2021). Old-age dependency ratio (the proportion of older persons aged 65+ to those who are economically productive (15–64)) was 12 older persons per 100 working population in 2007 and based on the *Woreda* estimation of population size it reached 14 older persons per every 100 working population.

### Study Design

We used descriptive phenomenology for this study. As phenomenology states, rather than theorizing or prior interpretation, the researchers believe human experience makes more sense to those who live it and, other than anything else, it's this lived experience that owns the inherent structural experience of family caregivers.<sup>21</sup> Based on this, a descriptive phenomenological design was employed to explore and have a detailed understanding of rural family caregivers for older adults in rural Ethiopia.

We used descriptive phenomenology because we wanted to describe the situation as it is. Descriptive phenomenology is focused on identifying the things themselves, in our case family caregivers' experiences.<sup>22</sup> This made it best to achieve our aim. Descriptive phenomenology is based on bracketing which means separating the researchers' values, concepts, and understanding of the phenomena.<sup>23</sup> We intend to describe the structure of the phenomenon, in our case, participants' rural family caregivers, as it is reflected in their lived experience using language that reflects the transformation of participants' expressions into psychological expressions.<sup>24</sup> Bracketing was used in the interview and analysis process. A semi-structured interview was used to collect data.

### Participants and Inclusion Criteria

In phenomenology, sampling selection is done by considerations. In this kind of study there is always a danger of either seeing what we want to see rather than what is there to be seen.<sup>21</sup> Sample size can also be determined, as descriptive phenomenology scholars suggest, based on the research questions of the study.<sup>25</sup> By keeping in mind these considerations, 10 rural family caregivers for older adults in co-residential arrangements have participated in the interview. The participants of this study are family caregivers who were providing care for older adults during the study time. The inclusion criteria for participants were:<sup>1</sup> family caregivers providing care for the older adults during the study period<sup>2</sup> family caregivers co-residing with older adults and<sup>3</sup> family caregivers who are willing and capable of the interview to provide information.

### Data Collection

This study used semi-structured interviews. An interview guide was used for the in-depth interview. A phenomenological investigation is characterized as a long interview in which data is collected through open-ended question after the interviewer develops an informal interactive relationship with the participant family caregivers.<sup>26</sup> Ethical approval was

obtained from Mizan-Tepi University Institutional Review Board (IRB). Informed consent was obtained to record the interview. Moreover, this study was conducted under the Declaration of Helsinki. Generally, the researchers spent 42 days for the whole interview to be completed (March 10-April 20), as conducting the interview with some rural family caregivers was difficult as there was a mismatch between their availability and the interviewers' schedule.

Participant caregivers were informed that they have the right to refuse participation at any time or to not respond to certain questions. They were also assured privacy and confidentiality that their name will not be mentioned and the data they provided will not be used for purposes other than the study. The interviews lasted from 40 to 65 minutes. All the interviews were conducted in Amharic which was the mother tongue of the participants. The interviews were audio recorded with the consent of the participants.

## Data Analysis

All the data from the in-depth interview were transcribed and translated into English. Afterwards, we read interviewed data repeatedly looking for patterns or categories. Subsequently, the researchers identified Small categories. All of the data were coded as categories or themes. Finally, the themes were described using the detailed description of the participants' experiences. Clustered themes and categories were used to develop the textural descriptions of rural family caregivers for older adults. From the textural descriptions, structural descriptions, and integration of textures and structures into the meanings and essences of caregivers experience were constructed.<sup>26</sup> As a way of increasing the quality of data, the researchers have listened to audio recordings of all participants family caregivers carefully and repeatedly. Moreover, researchers used peer debriefing by sharing some of the data and analysis for colleagues to get their constructive comments. Finally, the analysis part of the study was shared to rural family caregivers to make sure it's real replication of their lived experiences.

## Results

A total of 10 family caregivers were interviewed out of which 7 caregivers are female and all family caregivers are Orthodox Christians mainly depending on agriculture. The socio-demographic characteristics of family caregivers (FCGs) are attached in Table 1 below. Accordingly, questions were asked to family caregivers about their intention to provide care for their aged parents. Looking into the participant's description, five subthemes emerged that show the drives of family caregivers to extend their care and support to their aging parents. Sense of filial obligation, indebtedness

**Table 1** Socio-Demographic Information of Rural Family Caregivers for Older Adults

No.	Family Caregiver Name	Sex	Age	Level Education	Religion	Marital Status	Source of Livelihood	Household Size	Relationship with Older Adults Under their Care
1	FCG I	M	38	Adult education	Orthodox	Married	Agriculture	3	Child
2	FCG II	F	29	10+2	Orthodox	Married	Miller	5	Child
3	FCG III	F	48	9	Orthodox	Married	Agriculture	6	Child
4	FCG IV	F	26	8	Orthodox	Married	Daily labor	4	Child
5	FCG V	M	35	5	Orthodox	Married	Agriculture and wood work	4	Child
6	FCG VI	M	25	8	Orthodox	Married	Agriculture	3	Adoptee
7	FCG VII	F	33	10	Orthodox	Married	Agriculture	5	Child
8	FCG VIII	F	59	No education	Orthodox	Married	Agriculture and selling local liquor	4	Child
9	FCG IX	F	35	8	Orthodox	Married	Agriculture and selling local liquor	5	Child
10	FCG X	F	32	5	Orthodox	Married	Agriculture	3	Child

and bequest motives, quality of a relationship, religious value of the care providers, and reciprocity of care are the motives of rural family caregivers that emerged from the data.

## Sense of Filial Obligation and Indebtedness

Family caregivers mention that providing care for aging parents is their obligation since they are their mother and father.

Next to God, she is the reason for me to come into this world. It's my obligation. I have to do everything I can to keep her safe. Since she is my mother, I am concerned about her living and I take care of her to the extent that my capacity allows me. (FCG III, 10 March 2021).

My father is my creator and he deserves my care and support. I should provide care. It is hard for me to leave my aging father alone (FCG VI, 18 April 2021).

It is because they are my mother and father. Who turns his back on his mother and father? It is easy to leave them if they were not my kin. Although my mother and father have enough for them, it is my responsibility to feed them. (FCG VIII, 11 April 2021).

From this, it is understood that family caregivers' desire to care for their aging parents comes out of their sense of filial responsibility. Participants mentioned that they are indebted to their parents' contribution to helping them reach their current level. They appreciate their parents' effort to provide the opportunity for development.

I remember my mother's role in educating me. My mother sent me to school to a very far place bringing me food carrying at her back weekly. Thus, I am responsible to provide care for my mother to requite her debt. (FCG II, 26 March 2021).

My adoptive father has raised me as his child and helped me to achieve my life goals. He sent me to school and at the same time helped me to get married and supported me materially. (FCG VI, April 5, 2021).

She raises and takes care of us in good condition and distributed what she has equally. I believe that I should support her because she supported me when I was a child. She did her role as a good mother and as her children, I am returning her debt with support. (FCG X, April 20, 2021).

## Bequest Motives

Ownership of economic resources, particularly farmland that can be shared with the care providers repetitively occurred in the data as a factor that drives family care providers to provide the needed care for dependent older adults. Caregivers (FCG I, FCG V, and FCG VI) agree that older adults' economic contribution to their life initiates them to provide care and renew their commitment to continue their caretaking role. "My father provided me his land when I get married and I have a promise to provide care for him until his death" (FCG V, April 18, 2021).

My mother's economic contribution is also one motivating factor to provide care for her. Our mother shared all of her property with the four of us equally by consulting us. Since she gave us her property with love, we are committed to providing care for her. (FCG II, 26 March 2021).

From the above statement, it is understood that getting economic assets like land or property for living provides an additional determination to the caregiving family. But, the caregiving family members who participated in this study agree that the economic asset of older adults is not the sole and primary drive for providing support to their parents. Rather, the economic contribution of their parents strengthens their ability to execute their filial responsibility.

## Religious Values

The other major motive that emerged from the participant's description is religious values. All of the participants were followers of the orthodox Christian religion and it is noted that it is a Christian custom to respect and honor parents.

I am shaped by religious education by traveling to monasteries that give me a moral value to provide care for him. God said ‘no one knows me if he doesn’t respect his mother and father’. Putting this in my mind I treat him in a good condition. (FCG IX, March 19, 2021).

Some family caregivers (FCG VI and FCG VIII) also view providing care for older adults as a means to get blessed. They believe that their parents’ blessing is important for their fortune. It protects and allows them to get a similar chance of care from their children in the future. FCG VI said “Everyone harvests what he/she sows. Nothing protects you other than what you did.”

## Quality of Relationship

Some of the participants mention that intimate and caring relationship during childhood and the consequent unique attachment motivates them to take the responsibility of providing care for their aged parents.

Starting from childhood I and my father had a special connection of affection. To be honest, I love my father a lot better than my mother. I believe the unique love that I have for my father makes me give up my life goals and take care of him. (FCG IX, March 19, 2021).

Some participants mention that because older adults have good behavior, they continue their care-taking role. Otherwise, if the elder is not considerate of the family’s capacity and complains about what is scarce, it will affect the caregiving relationship.

The relationship between older people and caretaking depends on the disposition of older adults. Some older adults are difficult in their disposition. They may complain about the stuff you provide daily. But a person can do what he is capable of providing at home. When you offer what your capacity allows, you may be refused or complained about it. A person can live and provide to the level their economy and capacity allow him. Thanks to God I don’t have seen any compliant from my father and I am extending every effort to satisfy him as long as my economic capacity allows me”. (FCG VI, 18 April 2021).

## Reciprocity of Care

After looking at the data about the socio-economic contribution of older adults in their current living arrangement, four subthemes emerged under the theme contribution of older adults to the caregiving family.

## Sharing Asset

Those economic resources which are important for the younger ones are available in the hands of older adults. In some households, the economic contribution of older adults is paramount that the resource of older adults is the sole source of livelihood for the family. Data from interviews with family caregivers showed older adults contributing tangible economic resources such as land and house which they shared with their family caregivers. In addition, older adults also share their assets like millers, cattle, pensions, and money from their savings expecting sustainable care until their death.

She shares her assets including a miller, a house, and a vacant place with me because she is unable to manage them by herself and requires permanent care due to her health condition. I have no means of income other than the one my mother has transferred. (FCG II, 26 March 2021).

Some of them own farmland but they are no more able to manage the agricultural work by themselves. The caregiver has no other means of income other than the farmland they receive from older adults to whom they are providing care.

The only source of income for the family is my father’s farmland. We have no other source of income other than the land. It is my father’s property that is supporting him and we use the yields for ourselves too. (FCG I, March 10, 2021).

## Sharing Work Load

Family caregivers states that older adults are supportive in the household by looking after children, preparing a meal, collecting firewood, keeping the house, spinning cotton, and keeping cattles. In some households, the domestic contribution of older adults gives freedom to their caregivers to focus on other responsibilities.

My mother's role in taking care of my children is really important to me. If my mother were not in the household, no one would take care of the children and I won't undertake my daily work for a living. My mother also supports me in many activities. Most importantly, she is the one who takes care of my two infant babies when am out for work. In addition, she keeps the house and washes dishes. (FCG III, 10, March 2021).

I was abroad working in Arab countries. When I went there I left my six-month child with my mother. My mother raised her from that time on. Even she still doesn't know I am her mother. She thinks of me as if I am her sister. (FCG IV, 27 March 2021).

Older adults also contribute to the household by engaging in activities that generate income. They collect firewood for both household consumption and selling. Most of the time family members do not stay at home in the daytime. Thus, they keep the house safe for their children.

It is good for us to have him in the house because I am free to leave the house wherever I want to go. He keeps the house safe. (FCG II, 26 March 2021).

## Knowledge and Experiences Transfer

The data obtained from interviews reveal that elders are advisors and consultants, socializers of children, and coach skills for their family caregivers and other family members. Older adults have various experiences they get from their life. Thus, when their children get worried, they consult them. Older adults participate in the problem-solving efforts of their family caregivers.

My mother is a wise woman, especially in proposing alternatives to resolve my worries. When I am in confusion and I don't know what to do I seek her consultation because she always has the means to resolve my worries. (FCG X, April 20, 2021).

During my free time particularly on Sunday, I spend the day with my father and receive advice and plan the future together. He is better than the whole family in life experience and wisdom. (FCG VI, 18 April 2021).

The other role older adult's play in the household where they co-reside is socializing children. Older adults transfer family history, norms, and important social skills to under-age children. Family caregivers mentioned that older adults assist their grandchildren in their education, particularly on matters that older adults know such as history. Apart from educational support, older adults also transfer social skills.

She advises my children about good and bad behavioral conduct by modeling people in her neighborhood. She advises her grandchildren to proceed with their education and to stay away from wrongdoings. She tells them to behave appropriately if they want to be like us and get married. (FCG III, 10 March 2021).

## Emotional Companionship

Older adults develop affection with care proving family. Looking at the participant's description of their attachment with older adults, the emotional bond is expressed in terms of the bad feeling in the family when an older adult is absent. Family caregivers (CG FII, FCG IV, and FCG V) reflected on the emotional companionship older adults add to their families.

The presence of older adults is very important for us. Even for the house and the compound, it is good to have a person inside. Since death is inevitable, I am concerned about my fate if he dies. It is so delightful to get your doors open when you come back from work. (FCG X, April 20, 2021).



## Discussion

Consistent with previous studies, this study found that filial obligation and responsibility,<sup>4,5,10,27–30</sup> religious beliefs or faith,<sup>28,31</sup> emotional closeness or emotional bonding,<sup>27,31</sup> and reciprocity of care<sup>27,29,30,32</sup> played a major role for co-residential family care.

However, other studies indicates that filial attitudes are generally not predictive of care behaviors as culture has a strong influence on caregiving behaviors<sup>8</sup> and filial obligation is more in Spain and Israel than in England and Norway.<sup>9</sup> On contrary, previous studies such as<sup>12,33</sup> asserted that motives of care for older adults are mainly out of discretion or choice than an obligation. However, as expressed in;<sup>12</sup> social norm of providing care becomes internalized through socialization as a personal norm. Caregivers' desire to be in a relationship, responsibility, and altruism are motives of family care providers.<sup>34</sup> But, those studies are conducted in countries where individualistic culture and independence are emphasized.

On the other hand, the economic motive particularly the bequest motive is also mentioned as a driving force that initiates caregiving for older adults.<sup>35</sup> But, according to,<sup>36</sup> economic consideration alone with direct observation of the provider's motives is not sufficient to understand private transfer, particularly in the family. In this study, the economic motive is regarded as secondary by the family caregivers. Intergeneration exchange flows in the direction where older adults who are supposed to receive care and support also provide support for their caretakers materially, in childrearing, and emotional attachment.<sup>15,37,38</sup>

Supporting this study, older people have more time and patience than stressed working parents to help children read and write and to teach younger people important skills.<sup>37</sup> Consistent with previous studies, this study revealed that older adults are instrumental in the household. They use their asset with the family and share their caregiver's burden by assisting in domestic activities and child-rearing.

Reciprocity strengthens the social bond and maintains the status of the recipient.<sup>36</sup> The capacity of older adults to reciprocate economic resource also increases the support from family or relatives.<sup>11,18</sup> Family caregivers provide care out of their obligation and level of intimacy than their capacity to reciprocate materially.

Emotional help is important to the support provided between grandchildren and grandparents and vice versa.<sup>39</sup> Reciprocity in child-parent or intimate relationships is accumulated through life and allows payback.<sup>40</sup> Similarly, older adults are receiving the care they accumulate in their past life as a parent providing emotional companionship. A similar explanation showed the contribution of older adults as an advisor on the issue in the family and neighborhood.<sup>41</sup>

## Limitation of the Study

The study is conducted in a family setting where the information that caregivers share might be sensitive or difficult to share with the researcher. Thus, the possibility of socially desirable answers during the interview might be observed.

## Conclusion and Recommendation

The finding showed that there is no single motives among family caregivers that initiate co-residential caregiving for older adults. Family caregivers are motivated by multiple motives of obligation, altruism, religious values, emotional attachment, economic motive, and reciprocity of care in providing care for older adults. The reciprocity of care through sharing assets, workload, knowledge, and emotional companionship also strengthens the quality relationship between family caregivers and older adults.

The role of family caregivers for older adults should be recognized and efforts should be paid for collaborative care by government agencies and rural family caregivers. Poverty in the family challenges caregivers' capacity to provide the necessary care and jeopardizes the fulfillment of the basic needs for older adults. Thus, strengthening the caregiving family's economic capacity in terms of livelihood support such as caregiving training,<sup>42</sup> economic support and payment for the care being provided for older adults,<sup>43</sup> and providing farmland will be beneficial for enhancing the family capacity to provide the needed care for older adults. Practitioners should focus on the co-existence of family caregivers and older adults and their actions must emphasize on maximizing the potential of family caregivers and the reciprocity of both sides and its impact on their older adults' wellbeing. Family health and welfare policy developments must emphasize the

contribution of rural family caregivers where formal nursing homes for older adults are inexistent. This study suggests some important issues for researchers. Future research should focus on the psychosocial challenges of family caregivers. In addition, the needs of family caregivers to care for older adults should be studied in detail.

## Abbreviation

FCG, family caregiver; US, United States; HAI, Help Age International; CSA, Central Statistics Authority; MOLSA, Ministry of Labor and Social Affairs; IRB, Institutional Review Board; WHO, World Health Organization; CPA, Center for Policy on Aging.

## Ethical Approval and Consent to Participate

Ethical approval was obtained from Mizan-Tepi University ethical review board (IRB). We follow the World Health Organization's ethical and safety recommendations for exploring sensitive topics (WHO, 2007). Written informed consent was obtained to record the conversation. This study was conducted per the Declaration of Helsinki. Participant caregivers were informed that they have the right to refuse participation in the study at any time and that refusing to participate will not affect them. The study subjects were assured confidentiality as the information they give will not be used for any purpose other than for the study. The aim and potential benefits of the study were discussed with all of the participant caregivers. Written informed consent was taken before involved with participants. Participant family caregiver's provided informed consent to have their data details for publication.

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## Author Contributions

Both authors made a significant contribution to the work reported, whether that is in the conception, study design, execution, acquisition of data, analysis and interpretation, or in all these areas; took part in drafting, revising or critically reviewing the article; gave final approval of the version to be published; have agreed on the journal to which the article has been submitted; and agree to be accountable for all aspects of the work.

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## Disclosure

The authors declare that there isn't conflict of interest.

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