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## Health Related Challenges of Rural Elderly Living in Co-Residential Family Care Arrangements

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## Health Related Challenges of Rural Elderly Living in Co-Residential Family Care Arrangements

### Abstract

Family plays an indispensable role in the care and support of the rising number of older people particularly in developing countries like Ethiopia where the system of public transfer is minimal. Previous studies in Ethiopia focus on institutionalized and urban-dwelling elderly with little attention to the elderly in the informal care paradigm and rural areas. This study aims to explore the health-related experiences of dependent rural elderly who get care and support within a family setting. A phenomenology method was used, and in-depth interviews were employed to collect data from purposively sampled elders. Data were inductively coded and developed into themes. Physical health and psychosocial challenges of dependent elderly in rural areas include vision and mobility problems; loneliness, grief, and sadness; feelings of inferiority in the family; abuse and neglect; lack of meaningful activities; and the feeling of being a burden on the family. Families of elderly people often experience economic conditions that make it difficult for them to provide adequate care. The findings suggest actions policymakers and other stakeholders could undertake to enhance the wellbeing and welfare of rural elderly rural in Ethiopia, including improved access to supportive technologies, day care facilities that enhance social engagement and access to healthcare, and economic support for caregivers.

### Keywords

experiences, dependent, rural, elderly, qualitative study, family care and support

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Family plays an indispensable role in the care and support of the rising number of older people particularly in developing countries like Ethiopia where the system of public transfer is minimal. Previous studies in Ethiopia focus on institutionalized and urban-dwelling elderly with little attention to the elderly in the informal care paradigm and rural areas. This study aims to explore the health-related experiences of dependent rural elderly who get care and support within a family setting. A phenomenology method was used, and in-depth interviews were employed to collect data from purposively sampled elders. Data were inductively coded and developed into themes. Physical health and psychosocial challenges of dependent elderly in rural areas include vision and mobility problems; loneliness, grief, and sadness; feelings of inferiority in the family; abuse and neglect; lack of meaningful activities; and the feeling of being a burden on the family. Families of elderly people often experience economic conditions that make it difficult for them to provide adequate care. The findings suggest actions policymakers and other stakeholders could undertake to enhance the wellbeing and welfare of rural elderly rural in Ethiopia, including improved access to supportive technologies, day care facilities that enhance social engagement and access to healthcare, and economic support for caregivers.

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### Introduction

An aging population is becoming a common and foreseeable occurrence in both the developed and developing world (Das, 2011). People aged 60 and above comprised 12 % of the world population in 2015, and the number is expected to reach 2.1 billion by the year 2050 (United Nation Department of Economic and Social Affairs, 2015). The growth rate in the number of older persons is higher in sub-Sahara Africa than in developed countries (Velkoff & Kowal, 2006), where there were 46 million people aged 60 and above in the year 2015. This population is projected to reach 161 million in 2050 (United Nations, 2015). Many older people require care from others as they age. This care is primarily provided either in an institutional setting, such as an old age home, or by family members at home. Although some research has evaluated the outcomes of elderly in institutional settings in developing countries, few researchers have studied care in family settings. This study addresses that gap by exploring the experiences of elderly people receiving care at home in *Bassona Werana Woreda*, a rural, sparsely populated area of Ethiopia.

Elder care has been studied in both developing and developed countries, with mixed results. For example, studies in India by Panday, Kiran, Srivastava, and Kumar (2015) and in Finland by Böckerman, Johansson, and Saarni (2011) found that elderly in old age homes had

a higher quality of life than those living within a family setting. By contrast, a study by Kloppers, Dyk, and Pretorius (2015) in Namibia showed that elderly in institutions handled with a lack of proper physical care and honor and poor interactional and language skill on the part of caregivers compromise the quality of care.

However, Aboderin (2004) found that the deteriorating economic condition of the young and changes in support norms in Ghana limited the ability of families to provide care for their elderly relatives. Studies in India (Hiremath, 2012; Panda, 1998; Tiwari et al., 2010), China (Li & Tracy, 1999; Lowry, 2009), and the United States (Yoon & Lee, 2004) have demonstrated the socio-economic, psychological, financial, health and spiritual needs of rural elderly.

Elderly people experience various physical and psychological challenges (Hiremath, 2012) like joint pain or visual impairment that can cause dependency on others (Tiwari et al, 2010). Studies have also showed that rural elderly people have low literacy, limited income, lack ownership of land, and thus face social and economic hardship (Li & Tracy, 1999; Lowry, 2009; Panda, 1998). Rural elderly also has a significant need for spiritual and religious support that is linked to their subjective wellbeing (Yoon & Lee, 2004).

In the Ethiopian context, Segniwork (2014) and Tewodros (2016) assessed the practice of care and support for the elderly in institutions. These two studies showed that basic services, health care, and recreational services are provided in institutions. Other studies revealed that the basic and health care services provided at the institutions are benefiting older people (Eskedar, 2015) but they are insufficient (Alemnesh & Adamek, 2014). The above four studies also showed that the elderly in residential care institutions are at higher risk of experiencing depression, isolation from family and local community, and a lack of daily activities or social interaction.

Aging is often accompanied by multiple illnesses (Das, 2012) and older people are more susceptible (Arokiasamy, 1997). Aging is typically characterized by an overall decline in physiological competence and a loss of function. Consequently, the elderly usually faces long-term conditions including visual defects, hearing impairment, and deterioration of speech (WHO, 1999). These varied challenges affect social and personal interactions, economic capability, mental health, task performance, and self-esteem (Schmall, 1983; WHO, 1999). Changes in vision and hearing, for example, are critical because they affect functioning and create isolation (Kumari, 2001; Schmall, 1983). Further, Arokiasamy (1997) noted that functional disability in an older person results in restricted activity and work, social isolation, weakened bones, a feeling of physical incompetence, or result in an individual becoming bed ridden.

Abraham (2017), Noguchi (2013), Fantahun, Berhane, Hogberg, Wall, and Bypass (2009), and Kifle (2002) also studied elderly people in a rural Ethiopia. However, older people in rural areas and those living in communities are still under-researched segments of the population in Ethiopia (Abraham, 2017; Kifle, 2002; Messay, 2015). This limited evidence suggests that the challenges facing the urban elderly are present in rural areas (Abraham, 2017; HAI, 2013; Kifle, 2002) and that the family provides the majority of elder care, particularly in the countryside (Abdi, 2012; HAI, 2013; Kifle, 2002; MOLSA, 2006). Within the rural elderly population, the dependent elderly in a co-residential living arrangement with their kin are a particularly understudied group. To address this gap, this study focused on rural, dependent elderly people who are in a co-residential living arrangement with their family, with particular emphasis on their experiences with health-related problems and their coping mechanisms.

## Study Objective

The general objective of this study was to explore the current health-related condition of rural dependent older persons co-residing with their family in *Bassona Werana Woreda* (the third level administrative division of Ethiopia—after zones and regional states). This *Woreda* was a suitable research site because it has a substantial population of older people. According to CSA (2007), older people constitute 9.1% (11103) of the total population in the *Woreda*. According to the *Bassona Werana Woreda* Finance and Economic development main office report, in 2018, the number of older people aged 60 and above was estimated as 9.5% of the total population, which is substantially higher compared with the national rate of 4.8 % of the total population from the 2007 census.

To achieve the study objective, the following research questions were developed to guide data collection and analysis:

1. What are the physical health conditions of elders in a co-residential living arrangement with their family?
2. What are the psychosocial health conditions of elders in a co-residential living arrangement with their family?
3. What are the coping mechanisms to health-related challenges of elders in a co-residential living arrangement with their family?

## Scope of the Study

The study focused only on those elderly who were living and receiving care from the families of their adult children at the time the study was conducted. The study explored the experiences of dependent elderly and did not include family caregivers' experiences. Given the scarcity of literature regarding family care and support for older person in Ethiopia, this study aims to make an important contribution to the knowledge, practice, and policy arena related to older people by providing rich information on the lives of the elderly in a family setting that can inform further investigation and discussion about informal care systems.

## Literature Review

Elderly people experience a wide variety of health problems that affect their physical well-being. Studies in Ethiopia have shown that the elderly experience challenges with vision, mastication, rheumatism, abdominal, joint pain (Goitom, 1998), kidney and hypertension, asthma, and difficulty with mobility. Health-related problems for the elderly more broadly include respiratory problems and neurological or musculoskeletal problems, as well as cardiovascular, visual, and gastrointestinal problems, hypertension, osteoarthritis, diabetes, cataracts, anemia, skin problems, malaria, headache, sleeping problems, and other functional declines (Bailey et al., 2014; Gupta et al., 2012; Hiremath, 2012; Unanka, 2002).

Elderly people also experience a range of psychosocial challenges that may arise from illness or disengagement from social roles and relationships (Tanner & Harris, 2008). Old age is a period of disengagement from daily activities and work which then leads to psycho-social problems such as dementia, agitation, anxiety, loneliness, and social exclusion (Kourkouta et al., 2015). Health problems can also lead to functional, psychological, and social disability (Arokiasamy, 1997). Older people are vulnerable to poor mental health (Das, 2012). For example, anxiety, social dysfunction, and severe depression are common (Boralingaiah et al., 2012). In addition, increasing age, poverty, loss of a spouse, and living alone or lack of social

contact were found to increase the risk of anxiety/depression among older people in a rural area (Urosevic et al., 2015). Similarly, Sinha, Shrivastava, and Ramasamy (2013) found that rural older populations, particularly women and widowed elderly, experience more depression when their living environment causes stress on their biological functions. However, in the African context, depression was often misdiagnosed and considered as a normal part of aging (Abanyam, 2013).

Finally, elderly people may experience various forms of abuse, including verbal abuse and neglect by adults particularly sons, son-in-law, and daughter-in-law (Govil & Gupta, 2016; Sebastian & Sekher, 2010). The most vulnerable groups for elder abuse are women, people who are of advanced age, physically immobile, lack interaction with their children, or whose perceived physical health is poor. (Sebastian & Sekher, 2010) However, Govil and Gupta (2016) found that abuse was perpetrated mostly against the young-old (60-69) compared to those of advanced age (i.e., the middle old [70-79] and the very old [ $>85$ ]). The reason for abuse is emotional and economic dependence and shifting norms of the society. Studies conducted in Ethiopia also show that elders experience emotional or psychological abuse, neglect, material exploitation, abandonment, and physical abuse (Kifle, 2002; Samson, 2014).

## Methods

To achieve the study aims, I designed a phenomenological study in which all the data were collected from elders who lived with and received care from family in *Bassona Werana Woreda*. The analysis aimed to develop a composite description of the essence of the health-related challenges that elderly people experienced (Creswell, 2007). I used unstructured, in-depth interviews to look deep into the life of rural older people using an interview guide containing a short list of open-ended questions. Since the participant elderly's medium of communication is Amharic, the interview guide is translated into Amharic before going out to the field for data collection. Approval to conduct the study was obtained from Mizan-Tepi University, from the *Bassona Werana Woreda* Administration, and the administration offices of the specific *Kebelle* where I planned to conduct the study.

## Study Area

Although the exact number of the older person in the *Kebelle* is not known, based on the Wereda estimates of the share of the older people from the total population (9.5%), it is estimated that 438 ( $4608 * 9.5\%$ ) older people live in *Gudoberet Kebelle* (the smallest administrative unit in Ethiopia). (3), the feasibility of the *Kebelle* for conducting the study in terms of time and cost, as well as the familiarity of the researcher to the area also contributes to choosing the *Kebelle* to conduct the study. According to the *Gudoberet Kebelle* administrator, the residents are agrarians who base their livelihood on agriculture. And more than 99% of the residents are followers of Ethiopian orthodox Christian and *Amhara* ethnic groups.

## Participant Recruitment

In line with the study's objective, I used the following inclusion criteria for selecting interview participants:

1. People aged 60 and above, which was based on the UN definition of elderly of both sex

2. People who are co-residing with their family care provider, and
3. People who are willing and capable of giving information and consent.

### Sampling

I used a non-probability sampling technique to select participants who varied in characteristics of sex and length of time living together with their adult family caregivers (Ritchie et al., 2003). Following the principles of data saturation, I stopped gathering data when new findings no longer were emerging from interviews responses (Creswell, 2014; Ritche et al, 2003).

### Study Procedures

Then, local person who has a good knowledge of the area is contacted. Accordingly, I met with the targeted participants. I provide brief description of myself and my university. Then, the date and time is arranged with participant to describe the purpose of the study and to conduct the interview. On the date of appointment, I travelled to their home and described the purpose of the study, the ways I would protect their privacy, confidentiality, and anonymity, and confirmed their willingness to participate and their permission to make an audio recording of the interview. After the necessary informed consent was obtained from participants, I conducted the interview in their own place. The interviews were conducted in private area free from distraction and presence of other family members.

### Data Analysis

I transcribed and translated each interview data into English. Then, I read the transcripts repeatedly looking for patterns or categories. Small categories were identified and named. Then, all the data were coded as categories or themes. Lastly, the themes were described using the detailed description of the participants' experiences.

**Table 1**

*Data Coding and Theme Development*

Themes	Sub-Themes	Direct Quotes
<b>Physical Health Challenges</b>	Health problems related to eyes or vision, joint pain, hearing, hypertension, diabetes, headache, leg and hand paralysis, stomach pain, heartburn, and urination.	“I raised my children working at individual houses by baking bread, <i>Injera</i> , and others. I spent my whole life working in the kitchen. Now I am also preparing local drinks to support my child in some domestic expenses. I work in the kitchen the whole day. As result, it covers my vision at night, and sometimes my eye cries.”
<b>Health Service Seeking Behavior</b>	Religious beliefs	“I had a problem with my eyes, heartburn, stomach ache, and problem in my leg. I have already taken a holy communion more than two

		times. I believe that my health will be restored soon. Thus, I don't go to health centers. I go to a holy water place when I am sick."
<b>Social Ties and Interactions</b>	Relations and interactions with families, friends, neighbors and participation in social gathering at the community level.	"Most of my friends died. There are only two of them who are alive. I don't meet them because they spent their day in local liquor house. Since I don't have money, it is discomfoting for me to sit with them without having money."
<b>Grief and sadness</b>	Experiences of grief due to the death of their spouse and support providing children.	"We were living as one soul. She used to look after cattle and supported me in my load. We used to love each other very much. We were living in cooperation but after her death, my life became a mess. No one can replace her"

### Data Quality Assurance

To assure the trustworthiness of the data, important steps are taken. Lincoln and Guba (1985) proposed a model that contains four components to build trust in qualitative research. Lincoln and Guba outline that a trustworthy qualitative study should ensure credibility, transferability, dependability, and conformability.

To ensure the credibility of the data, measures have been taken to check its representativeness. Triangulation and member checking are undertaken to ensure the interpreted experience of the older persons fits with the experience expressed by the participants.

### Findings

A total of 12 dependent elders receiving family care in co-residential arrangements participated in the in-depth interview. Participant characteristics are described in Table 2.

**Table 2. Socio-Demographic Characteristics of Participant Elders.**

Participants	Sex	Age	Education	Religion	Marital Status	Source of Livelihood	Number of children alive	Relationship with current caregiver	Number of years lived in their current living arrangement
<b>Almaz</b>	F	89	No education	Orthodox	Divorced	Agriculture	1	Mother	23
<b>Emebet</b>	F	65	Read and write	Orthodox	Widow	Agriculture	3	Mother	14
<b>Asegedech</b>	F	67	No education	Orthodox	Divorced	Agriculture	1	Mother	Since married
<b>Abebe</b>	M	69	No education	Orthodox	Remarried	Collecting fire woods	2	Father	5



<b>Mulu</b>	F	61	No education	Orthodox	Remarried	Local liquor sale	2	Mother	20
<b>Bogale</b>	M	88	No education	Orthodox	Widow	Agriculture	4	Father	5
<b>Mekonen</b>	M	89	4th grade & church education	Orthodox	Widow	Agriculture & pension	5(adoptees)	Father (not biological)	Since married
<b>Haile</b>	M	92	church education	Orthodox	Widow	Agriculture & pension	8	Father	Since married
<b>Desta</b>	M	82	No education	Orthodox	Married	Agriculture	5	Father	Since married
<b>Gizachew</b>	M	75	Read and write	Orthodox	Separated	Agriculture	1	Father	3
<b>Yeshemebet</b>	F	73	No education	Orthodox	Widow	Agriculture	7	Mother	2 months
<b>Gete</b>	F	70	No education	Orthodox	Widow	Agriculture	8	Mother	5

Participant elderly described that their current condition is being challenged by debilitating health conditions that are both chronic and acute. The data shows that challenges included mobility and vision problems, negative health service seeking behavior, loneliness, grief and sadness, feelings of inferiority in the family, abuse and neglect, lack of meaningful activities, and feeling of being a burden on the family caregivers.

## Physical Health Challenges

### *Mobility Challenges*

Problems with mobility are the most challenging aspects of daily living activities facing rural elderly due to challenging landscapes with ups and downs that restrict their desire to move from place to place. Bogale, Haile, and Mekonen mentioned challenges practicing daily religious activities due to the inaccessibility of the area and decline in their capacity to move on the hilly road to reach a church. Haile is a 92-year-old priest. He rarely goes to church because of challenge with mobility:

I am waning physically. When I want to go to the church I can't move my leg, particularly in my tights. Since the road to the church is sloppy, I can't move up the plateau where the church locates. Due to this condition, I halt going to the church regularly. (IDI, Haile, 5 April 2021)

Bogale mentioned that he needs a cane to keep his body balanced and to freely move to a place where he wants to go. Emebet, 65, has been bedridden after an accidental fall. She requires help from her children to go to the toilet. Almaz, 89, described her challenges as follows:

I am not able to go out of the compound and to the church because my leg didn't allow me to go far. I only move to the toilet here in the compound and

sit the whole day on this stone. My health condition is deteriorating. It's challenging to move particularly when I want to move out of home and sit in the compound. The landscape is unsuitable even for others who are with full energy. My everyday concern is not to fall and die while I am trying to move out of home. (IDI, Almaz, 23 March 2021)

### ***Eye Related Challenges***

Interview participants faced problems such as vision impairment, eye watering, and problems with their eyelids that could affect their social interaction and mobility. These challenges relate to their living conditions as well as their age. For example, rural life exposed them to dust in the farm fields and smoke in the kitchen:

I raised my children working at individual houses by baking bread, Injera, and others. I spent my whole life working in the kitchen. Now I am also preparing local drinks to support my child in some domestic expenses. I work in the kitchen the whole day. As result, it covers my vision at night, and sometimes my eye cries. (IDI, Mulu, 27 March, 2021)

Haile, Bogale, Gizachewu, and Mekonen have faced a problem with their eye and had eye surgery. Gizachew 75 describes that:

I have a problem with one of my eyes. I undertake a surgery when the doctors abroad come and provide free medical service. I was good from that time on, and now, the other one is paining me. (IDI, 12 April 2021)

### ***Health Service Seeking Behavior***

I asked interview participants about their access to health care services and their habits of seeking health care in health care institutions. The data showed that most of the elderly don't want to look for health services at health centers for many reasons including (1) religious beliefs, (2) their view of their health problems, (3) accessibility of health service providers, (4) loss of hope in the effectiveness of health service providers, (5) lack of money for medication, (6), feelings of worthlessness, (7) exclusion from community health insurance schemes, and (8) preferences for traditional healers and local products.

Most of the residents in the study area are Orthodox Christians. In the study area, people who are elderly undertake a ritual Holy Communion and afterwards are reluctant to seek medical care. Almaz, 89, complained of heartburn, stomachache, and problems with her leg and eyes. However, she does not go to the health center because she has already undertaken the Holy Communion ritual:

I had a problem with my eyes, heartburn, stomachache, and problem in my leg. I have already taken a holy communion more than two times. I believe that my health will be restored soon. Thus, I don't go to health centers. I go to a holy water place when I am sick. (IDI, Almaz, 23 March, 2021)

Similarly, Abebe and Desta also use holy water than going to health centers. They believe only God can cure them.

By contrast, Desta and Abebe believe that their persistent health problems result from people in their neighborhood who are jealous and who have enchanted to displace them from

the village. Abebe reflected on this as follows: “the administrator of the *Kebelle* is the one that did a black magic to me because he wants me to leave the village because I nuisance him asking to return my land he has taken from me.”

Elderly in the countryside lack awareness of how health care institutions function. They become impatient and easily annoyed with the way health care is provided. Bogale remembers his experiences in a hospital 14 years earlier:

Fourteen years back, I went to a hospital looking for the treatment of a problem with my eyes. I spent the whole day waiting for my turn from 10 am up to 6 pm. When it was my turn, I entered a room, and one Ethiopian doctor checks my left eye. He told me that I can't see even if it is treated. He sent me to another doctor posting a paper on my eyes. The other doctor diagnosed and told me that, it is not the left, but it is the right eye that has a problem. He treated my right eye and only serve me for nine months. From that time on, I don't return to health centers. (Bogale, IDI, 29 March 2021)

Gizachew, 75, mentioned he does not use health care services because he was excluded from the community health insurance scheme:

The community health insurance is paid together with the rent for farmland. My wife excluded my name when she was paying the insurance contribution because at that time, I was not there due to disagreement with her. I was living in Addis Ababa. Due to that, I don't use any services at health centers; instead of that it is my sister who supports me with medications when my illness gets worse. (Gizachewu, IDI, 12 April 2021)

## **Psychosocial Challenges**

### ***Social Ties and Interactions***

Elderly people experience reduced interaction with their neighbors and friends. Interview participants mentioned that most of their contemporaries have died and those who are alive have also waned physically. As result, they are not able to continue their connections with their friends. Interaction with their neighbors is also challenging because of the scattered settlement in countryside neighborhoods and difficulty with mobility. Some participants also deliberately disengaged from their social network because of decreased income. For example, Gizachew mentioned being uncomfortable meeting friends without money in his pocket:

Most of my friends died. There are only two of them who are alive. I don't meet them because they spent their day in a local liquor house. Since I don't have money, it is discomforting for me to sit with them without having money. (Gizachew, IDI, 12 April 2021)

Interviewed participants also reduced their participation in social gatherings in the community where they live. They stopped participating in local associations such as *Idir* and *Mahber* and stopped attending ceremonies such as weddings due to health problems and reduced energy.

### ***Loneliness***

Participants repeatedly described loneliness during the daytime. Most of the elderly who participated in the study live in small households where they may not usually have the chance to stay with their family members during the daytime:

I sit on a stone and absorb the sun. I eat when the time for food reaches. What can I do other than these? There is no child in the house. My child and grandchild have no free time to spend with me. I don't have a place to go. Even if I don't like the loneliness what can I do? With the help of God, I stay the day sitting like this. (Almaz, IDI, 23 March, 2021)

I don't do anything, I just sit. I can't go to the church and attend any ceremony there. I don't have any person that stays and chats with me. My child has a job. She spent most of her time at the market in the nearest town. And there is one child, but she is a student. When she comes back from school, I stay with her. Otherwise, I am alone in the daytime. (Haile, IDI, 5 April 2021)

### ***Grief and Sadness***

Some participants experienced grief due to the death of their spouse or children. Haile, Mekonen, Bogale, Yeshemebet, and Gete mentioned that their spouses had died, and they were in a state of continued sadness.

We were living as one soul. She used to look after cattle and supported me in my load. We used to love each other very much. We were living in cooperation but after her death, my life became a mess. No one can replace her. (Mekonen, IDI, 14 March 2021)

Similarly, Haile was mourning death of his support-providing son as well as his wife:

My wife died five years ago, and I was struggling with the sorrow of her death and praying to Saint George to die before my children. But that didn't happen. I lost my son in an accident. March 18, snow smashed me. My supporting son died in a car accident. (Haile, IDI, 5 April 2021)

### ***Lack of Daily Activities and Waning***

Participants noted that disengagement from work, either because of physical decline or lack of work to do, made them feel bored and distressed:

“Old age is playing on us when it found us being sat. There is no work and I wear out now. Earlier I used to make living on farming (Gizachewu, 12 April 2021).”

If there were children, I might look after them and spend the day with them. However, there are no children in my current family, and I spend the whole day being sit or sleeping. As a result of this, I believe that I was worn out fast, and am sitting without activities at home chained my body. (Gete, IDI, 18 March 2021)

### ***Feeling of Inferiority in the Family***

Participants also mentioned that they don't feel they are equal members of the family. For example, Bogale said:

I am not a member of the family. I don't consider myself an equal member of the family. I believe they even don't consider me equally. I lost my equal membership was when I raised them. Now I am an inferior. I don't have the right to make or participate in decision-making in the family. My role is just to sit and eat anything they give me. (Bogale, IDI, 23 March 2021)

### ***Abuse***

Some study participants reported feeling that they were neglected or abused:

My current family care providers are neglecting me for reasons I don't recognize. My adoptee is not giving me enough attention. I think that I am physically neglected, and my current child caretaker does not fulfill my physical need such as food and personal care. I can't understand his behavior and his intention. My clothes are dirty. He does not bathe my head and leg. I am too worried, and I am thinking to call my other child to take me to him. (Mekonen, IDI, 2021)

My son gets drunk many times and when he comes back home, he starts to insult and hit family members. He verbally insults me. I am very sad about his behavior and the way he treated me. (Mulu, IDI, 27 March, 2021)

Bogale, Gete, and Gizachew also mentioned that they faced abuse from children or spouses. Among their experiences were physical threats, emotional neglect, conflict over inheritance, and withholding of access to property.

### ***Fear of Their Future and Being a Burden on Caregivers***

Study participants described feelings of being a burden to their family caregivers.

My daughters and even my sons-in-law tell me to take all thoughts away and sleep. When they come back from work and ask me to join them for the meal, I feel unhappy to be on the table equal to those who spent the day working. (Gete, IDI, 15, April 2021)

Some were afraid of becoming total dependent on their children. Asegedecch and Mulu feared becoming bedridden. They are also concerned about the money their children spend caring for them, which they may not be able to repay.

### ***Coping Strategies to Maintain Psychosocial Wellbeing***

Study participants described several ways they coped with their circumstances. First, they described disengaging from their previous activities and social contacts and focusing on religious practices, believing that old age is a time to purify the sins. They spent much of

their time practicing religion, such as praying at home, going to church, connecting with the priest (confessor), and attending religious ceremonies and rituals in their neighborhood:

I regularly go to church in the morning and pray. At night, before the sunset, I raise from my sit turn my face to the direction of the local church and pray to God in my compound. Mostly, when I feel sad, dissatisfied, and lonely, I go to church and pray, and that makes me feel connected with God and feel calm. (Bogale,IDI, 29 March, 2021)

Religion is my work. I still serve in the church and participate in religious practices there. After we have done with the daily religious ritual at the church, we eat food and drink local liquors offered by individuals who are memorizing their dead relatives. We give gratitude the one who brings us foods and drinks and pray for the dead. (Haile, IDI, 4 April 2021)

The elderly also has confessors who visit and provide spiritual support one or two times a month. This important connection with the confessor paved a way for participants to share their emotions and purify their past misdeeds:

I am delighted when my confessor visits me at my home. My confessor come weekly and sprinkles holy water over me. The coming of the confessor delights me and makes me feel all my sins are erased and emotionally related to my God. (Emebet, IDI, April 17, 2021)

Second, participants described new connections with children as a substitute for their disengagement from their social contacts. Bogale, Haile, Asegedech, Gete, Gizachewu, and Emebet mentioned that their grandchildren are most important in meeting their emotional needs:

When I wake up from sleep, I play with the kids. I have no friends close to me and family members also are not available in the daytime. I thank my God for giving me those kids at old age. I worry what my fate will be if they were not in the house. They also love me a lot and I am happy. (Gizachewu, IDI, 12 April 2021)

Finally, participants described playing games either alone or with others when possible. For example, Bogale reported that he plays card games when he is alone in the daytime.

## **Discussion**

### **Physical Health Problems and Health Service Seeking Behavior**

Consistent with previous studies in various settings, (Baily et al., 2014; Getinet, 2015; Goitom, 1998; Hiremath, 2012) it's found that elderly people face various health problems that interfere with their wellbeing. These include problems related to their eyes, hearing, joint pain, hypertension, diabetes, headache, leg and hand paralysis, stomach pain, heartburn, and mobility problems. The individual aging process is shaped by environmental, lifestyle, and disease factors (WHO, 1999) and research suggests that elderly women's living conditions, such as poor attendance of basic needs, gender-based division of domestic tasks, and

environmental hazards, contributed to deterioration of health and wellbeing (Hiremath, 2012).

Elderly people's mobility and eye problems result in disengagement from their social networks. The health problems and functional decline facing the elderly have an impact on their personal interactions, economic capability, and mental health (WHO, 1999). Functional disabilities result in restricted activity, social isolation, and feelings of physical incompetence (Arokiasamy, 1997). Contrary to disengagement theory, rooted in early works of Havighurst and Albecht (1953), activity theory claimed that society wants older people to remain active and being active also improves their life satisfaction.

Financial constraints, severity of illness, the availability of and distance to health care facilities, lengthy processes in health care institutions, belief in God, and associating illness with old age are all factors that influence health-seeking behaviors (Adhikari & Rijial, 2014; Rooy et al., 2015; Tesfaye et al., 2016). For example, a study on the health service-seeking behavior of the elderly in rural south Ethiopia found elderly are less likely than their counterparts to look for health service during illness (Tefsaye et al., 2016). Consistent with those findings, this study also identified both individual belief systems and environmental factors that influence the healthcare-seeking habits of dependent elderly in the countryside, including reluctance to seek care from modern facilities.

### **Psychosocial Challenges and Related Coping Strategies**

This study showed that elderly people in the countryside face many psychosocial problems, including a reduction in their friendship network, loneliness, grief and sadness, abuse, a feeling of being a burden, inferiority in their current living arrangements, and lack of meaningful daily activities. Consistent with disengagement theory of aging, most of the participants had withdrawn from their social activities and work due to limitations in their physical, financial, and social capacities. However, their disengagement was not experienced positively. Rather they were dissatisfied with their disengagement and lack of meaningful activity. Participants revealed they wish to be active rather than sedentary and bored. As stated in activity theory, elderly who remain active are happy and satisfied. The socially active elderly are more likely to maintain a positive self-image, social integration, and life satisfaction (Hillier & Barrow, 2007).

The death of age mates reduces the elderly person's friendship network and in turn decreases their social and leisure activities (Parraguez & Seguel, 2014). Many of the contemporaries of the elderly who participated in this study had died and thus their social contacts were reduced. Grief and sadness on the death of loved ones contributed to sadness, and grieving may resurface when elderly people face challenges alone in their day-to-day life. Grieving is often experienced during the daytime when the elderly are alone. These findings are consistent with a study by Urosevic et al. (2015) and Sinha et al. (2013) that showed widowed older persons express more depressive symptoms. In this study, the caregiving family doesn't provide a substitute for these social needs because of work commitments and their own struggles to meet the demands of life. These limitations contribute to the loneliness and isolation of dependent elderly people at home.

Reduction in income and physical limitation also make older people more vulnerable to loneliness than any other segment of the population (WRVS, 2012). Elderly people face loneliness in the daytime because physical limitations limit their ability to pursue social contacts by themselves. Decline in income level may also compel them to drop social contacts.

This study also revealed psychosocial challenges related to abuse. The study showed that conflict over inheritance rights, physical and emotional neglect, verbal insult, and

material exploitation are among the abusive experiences elderly people undergo within their families. This finding is consistent with previous studies (Kifle, 2002; Samson, 2014) showing that most abuse is perpetrated by relatives physically, materially, verbally, and in the form of neglect. However, in this study, most of the abusers were children who were not currently providing support or living with the elderly together. Furthermore, the finding showed that abuse was one of the reasons for relocation or change in the living arrangement of the elderly participants.

To handle these psychological challenges, dependent older people used different strategies. One strategy was finding an age mate and talking to people in their neighborhood. This was consistent with research demonstrating that elderly people, particularly those who relocate, develop a social network to deal with their loneliness and to enjoy their lives (Kudo & Saeki, 2013). Another strategy used by elderly in a co-residential family care was talking to grandchildren and playing imaginative games. This finding echoes a study by Sigurardottir and Juliusdottir (2013) highlighting the emotional exchange between grandparents and grandchildren.

New findings related to psychosocial challenges and coping mechanisms have emerged from this study. It's found that elderly people had feelings of inferiority, worthlessness, and being a burden to the family that resulted from participants' inactive role in and outside the family settings and lack of daily activities. Similarly, the study identified environmental factors like inaccessibility of religious institutions and health centers that have an impact on the physical and psychological well-being of elderly participants. Even though religious attendance serves as a coping mechanism for the elderly, it was also one of the reasons for decreased health service-seeking behavior among the rural elderly in the study area.

### **Conclusion and Recommendation**

The study showed that dependent elderly people in Ethiopia face many physical and psychosocial challenges that mediate their satisfaction and wellbeing. In addition, I observed poor health service utilization and reluctance to seek care that related to elderly people's belief systems, financial constraints, and environmental barriers.

Based on the findings, I offer the following recommendations:

- Expanding access to health care is necessary to address the health care needs of the elderly in rural area, including Gero-technology or assistive devices such as hearing devices, visual aids, and wheelchairs that would improve elderly people's ability to function.
- Expanding and strengthening community health insurance programs to be more inclusive of the elderly.
- Developing public policies that encourage family caregiving for rural elderly and public programs that target the family as a care system.
- Forming accessible community day care centers for rural elderly. The facilities can help address feelings of loneliness, provide opportunities to connect with age mates, and provide access to services such as health education and recreation.
- Strengthening the economic capacity of caregiving families to provide the needed care for rural elderly, such as through policies that grant farmland or other resources.



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