



Implication of Family Caregiving Theories on the Elderly People: A Study in Dhaka City

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ABSTRACT

Elderly care or caring for the elderly has drawn attention globally due to the increasing number and proportion of older people and the gap between life expectancy and healthy life expectancy. Elderly care is associated with psychological, social, economic, and gender issues which are grounded in the theoretical basis. The aim of the study was to discuss the theoretical basis of care from various perspectives and their implications for caring for elderly people. The study used case study method where the respondents were both elderly people and caregivers. In this study, it has been found that elderly care is directly and indirectly linked with the social and caring aspects of ageing. There is a positive impact of social aspects of ageing on the life of elderly people but theories do not mention the best way of providing care to ensure healthy ageing. Social ageing and caregiving theories focus on specific dimensions of care but to ensure the quality of care, we should integrate the theoretical knowledge to provide the best intervention so that we achieve healthy ageing through caregiving.

Keywords: Social and Caregiving Theories, Healthy Ageing, Integrated Ageing Theories

Introduction

Due to the increasing gap between life expectancy and healthy life expectancy worldwide, it is high time to take effective actions for the betterment of the life of elderly people. Global life expectancy increased by more than 8 years which indicates 72 years between 1990 and 2020. There is an increasing gap between life expectancy and healthy life expectancy which indicates that the gap increased from 7.3 to 8.3 years for men and from 9.7 to 11 years for women between 2000 and 2019. The older people aged 60 years have experienced an increasing gap from 4.1 to 4.7 years for men and from 5.3 to 6 years for women. In the twenty-first century, decreasing fertility rates and decreasing mortality rates determine longer lives and this is the major cause of population ageing (WHO, 2023). Globally the proportion and number of older people are increasing rapidly, but the world still is not prepared to provide sufficient support and services towards them. Policymakers, planners, civil society, and gerontological social workers should address the challenges and opportunities of healthy ageing ensuring the rights of older men and women.

Bangladesh has experienced a slow increase in the share of older people in the total population from 3 percent in 1970 to 5 percent in 2016. Now it is about 6 percent but in around 2035 it will be 10 percent and in 2050 it will rise to over 15 percent. In 2023, the number of older people already exceeds 10 million and it is projected to triple which indicates exceeding 30 million in 2050. In 2075, it is projected that the number of older people will be 55 million. Bangladesh is entering the late stage of demographic transition, so one of the major challenges is to take appropriate preparation or initiatives for accelerated population ageing in the coming decades with taking care of the present generation of older persons also. The government needs to take action to improve social protection and healthcare services (UN, 2023).

Due to living longer, people in almost all countries, may not enjoy health and quality of life at older ages because of experiencing hearing loss, cataracts and refractive errors, back and neck pain, osteoarthritis, chronic obstructive pulmonary diseases, diabetes, depression, and dementia. So worldwide care needs and patterns are growing and changing which needs policy interventions. Due to different physical and mental conditions, care needs and support system changes. Elderly people suffering from chronic diseases with functional limitations and decreased intrinsic capacity may need ongoing care. Living arrangements, especially co-residence with adult children which is a common support mechanism in old age strongly determine the care services. However intergenerational co-residence has declined dramatically in developed countries whereas in most developing countries, older persons prefer to live with children and extended family to receive care within family (UN, 2023).

There are three dimensions of social theories of ageing or aging that may be explained from micro, meso, and macro perspectives. Micro-level theories of ageing indicate individual behavior in old age, on the other hand, macro-level theories emphasize the social security system in the societal level. Meso-level theories describe adjustment between individual and social ageing. The daily activities of the life of elderly people, their behavior and adjustment patterns, and life satisfaction are the main focus of micro-level theories (Phillips et al., 2010). Socio-psychological aspects of micro theories indicate whether an individual's normative behavior is following norms or not. Structural or macro-level theories interpret individual constructs within social

environments (Angel, 2011). The setting and meaning of life where elderly people live appear and grow are the main focusing areas of micro and meso-level theories. However, elderly people actively build their personal experience and the world through personal connection (micro-level), while the market and wealth of the nation manipulate the understanding and experience of ageing (macro level) and institutional managerial structure and process (meso-level) compose their daily social world and personal views (Aumann et al., 2010). In developing a theoretical framework in ageing functionalist perspectives play an influential role. It is a macro-level theoretical aspect where social institutions and structures determine the maintenance and development of a community. The elements of culture are functionally interdependent for bringing a state of equilibrium of the individual and organizations (Victor, 2005). Besides social ageing theories, gerontologists established a theoretical framework by synthesizing various caregiving issues like the meaning of caregiving, the nature of the caregiver within the family, types of care, caregiving relationships, stress and burden of care, etc. These theoretical models establish a structure to analyze the spin of caregivers' lifestyles and care receiver's life. Some complex and multidimensional issues of care are highlighted from these models, such as the stress of caregivers, the perception of caregivers, the attitude of the care receiver, and the impact of care tasks on the physical and emotional health of the caregiver. Theories of family caregiving are one of the major parts of caregiving theories, where the preference of elderly people and, the nature of care within the family have been explained (Birren, 2007). To understand and explain human experiences, the theories attempt to know how elderly people adjust and are accepted by society (Wilder, 2016).

Methodology

This study was qualitative in nature and the case study method was followed to know the implication of theories in the life of elderly people. In this study, the purposive sampling technique was followed. In this study, 20 families were selected using the purposive sampling technique. Each family was considered a case or unit of analysis of the study. A total of forty-five respondents from twenty families were interviewed in the study. Among them, twenty-five respondents were elderly people, and twenty respondents were family members as caregivers. Families from different social, economic, educational, and religious backgrounds and of elderly of varying sexes and ages (young-old, middle-aged, old-old) were considered to have a diversified scenario in the elderly care settings. Respondents of this study involved elderly people aged 60 years or above as care receivers and family members as caregivers. Data were collected through using a semi-structured interview schedule and observation. Dhaka City as one of the metropolitan city and capital of Bangladesh was selected as the study area. Data were analyzed and presented according to theories that were discovered from the verbatim of the respondents. Along with primary data, different secondary sources have been used to gather secondary data from different books, journals, published research reports, census records, periodicals, research monographs, and dissertations and so on.

Social Ageing and Caregiving Theories

Several theories have been generated by gerontologists that attempt to synthesize factors (definition of caregiving who within the family provides care, types, and nature of care, and the length of time devoted to caring). Theories are used to help explain, predict, and understand human phenomena. This study tried to explore the practical implication of different ageing theories on the life of the elderly. It was found that in gerontological literature, some theories were directly related to family caregiving. Still, no single approach focuses on the impact of care on older adults. So, in this study, various theories stemming from sociological aspects of ageing and family caregiving perspectives were reviewed and examined.

However, it was found that there is a direct and robust relationship between sociological theories of ageing and family caregiving-related theories. In this study, Disengagement Theory, Activity Theory, Continuity Theory, Social Exchange Theory, Cantor's Hierarchical Compensatory Model, Social Competence and Breakdown Theory, Litwak's Task-Specific Model, and ABC-X theory have been utilized. Based on all the views and propositions of the respondents, this study has tried to develop the alignment between theories and the practical implication of these theories on the life of the elderly.

Disengagement Theory

Disengagement theory is one of the major theories of social ageing which emphasizes individual adjustment and depends on the functional perspective developed by Cumming and Henry. This theory explains the relationship between chronological age and the social involvement of elderly people in old age. Physical, psychological, and social losses create a favorable condition of withdrawal of elderly people from society. The meaning of disengagement depends on socio-cultural norms which vary across place, time, and cohorts (Schulz, 2006). This theory links both micro and macro perspectives of ageing which involves gradual disengagement from interaction with individuals and society. Disengagement theory is considered an ancient or traditional theory of population ageing that focuses on individual adjustment based on a functional perspective. This study also discussed the available capability of the elderly people in a family caregiving setting. This theory argues that the elderly people disengage from society because they separate themselves through different life-stage issues. Again, this theory states that those elderly people who are progressive from social roles need more intensive support or assistance from family members. On the other hand, the family members encourage or assist them in engaging in social activities or other activities. In this way, the family caregiver can play a vital role in employing elderly people into society's mainstream. Without the support of family, an older person would not lead a healthy and active life in the later stage (Phillips et al., 2010). There is a relationship between chronological age and the individual's involvement in social activities, described in this theory.

Activity Theory

The central concept of the activity theory relies on significantly diverse challenges, and to prove this, Robert Havighurst developed the activity theory. In his theory, Robert articulated that physically and psychologically active elderly people are found to engage themselves in different social activities. Instead of disengagement, this theory highlights that remaining engaged in life is normal and natural for most elderly people. They try to perform similar functions as long as possible in their middle age. Individuals refuse to contract their societal sphere during illness or when a family member dies.

According to activity theory, when people get elderly, they try to develop strategies by which they would get some new social rules and relationships to fill the gap rather than disengage. Based on the assumptions of activity theory, elderly people try to replace lost roles with new ones by creating broad-based interventions. This practice encourages the elderly to participate in different societal activities with their new roles (Blackburn, 2012).

Activity theory is based on two central assumptions. First, the life satisfaction and self-esteem of the elderly are positively linked to social integration and great involvement with social networks. The elderly engaged in a high level of activities get more satisfaction than other people. In this study, it was found that elderly people become happy with less expectation and more gratification. They become more satisfied if they regularly communicate with children, relatives, and neighbors. Second, there is a negative relationship between life satisfaction and loss of roles like widowhood or retirement. Compensatory activities must be replaced with the losing role for further happiness and enjoyment in life (Victor, 2005).

Continuity Theory

By filtering the different elements of both activity and disengagement theories of aging, continuity theory establishes a more encircling view that conceptualizes everyday life experiences, which is divided into the adjustment processes of elderly people. This continuity theory differentiates between internal and external continuities and aging processes. It also distinguishes between pathological and normal aging. Internal continuity highlights continuous individual experiences like emotions, experiences, disposition, skills, preferences, and temperament. On the other hand, external continuity highlights the ability of a person to regulate the store of skills, roles, activities, and relationships of middle age to hold forth them into old age with success. According to the continuity theory framework, if individuals can maintain their usual activities of middle-aged into old age, then normal aging would take place with an implicit gold standard. Each individual has a different personality and social basis in their middle age. Based on that, they try to make changes in their lives in their later life so that they can easily adapt to their personalities and maintain social support systems. According to continuity theory, normal ageing happens if the physical or psychological illness is far away.

On the other hand, people of pathological ages are so poor or disabled that they cannot fulfill their own needs or requirements. If there is a disruption in external or internal continuity, then according to continuity theory, disengagement may occur, leading to pathological outcomes. However, this disengagement is not inevitable according to continuity theory (Blackburn, 2012).

According to continuity theory, an individual will take steps to maintain stability in the lifestyles that they have been maintaining over the years. This theory indicates that individuals will always try to keep their habits, lifestyle, preferences, and needs to be acquired throughout life. When they grow older, there will be a process of evolution of those activities. Continuity theory starts from holding a basic that an individual will always try to keep their favorable lifestyle as long as possible. Based on how an individual perceives the changing status of life, adaptation will occur in different directions. The theory can be considered less inflexible because it denies that individuals must become active to cope with aging. Instead, this theory states that decisions regarding which roles will be overlooked and maintained will be determined based on the individual's past habits, preferred lifestyle, needs, and different structural factors like health and income. Compared to activity theory, continuity theory does not assume that lost roles must be replaced. Again, continuity theory gets an advantage because it offers different patterns of successful ageing from which an individual can select (Victor, 2005).

Continuity theory assumes that with the help of life experience, people try to develop individualized personal ideas and constructs about the surrounding world, such as what is going on and why. This theory states that our constructs can be affected by learning about the social construction of reality and the mass media. Still, this learning doesn't determine our constructs. It doesn't matter how society influences individuals to decide on their constructs, and ultimately individuals are independent to choose how to develop their reality. Perceptions of subjective continuity are more theoretically relevant than perceptions of objective continuity of different researchers (Birren, 2007).

Social Exchange Theory

Social exchange theory is one of the major theories to explain the causes of providing or exchanging support within family relationships by exploring the act of reciprocity in human interaction. It provides an important conceptualization of support exchanges in parent-child relationships. Antonucci's work on the idea of a support bank explains that parents take all responsibility for a child from birth to adulthood as an investment and depend on those children in later life. Those parents who sacrifice their lives for the development of their child, they may be assured of getting back support from their children. But those parents who did not take responsibility for their child, are not expected to get support from children in old age. A cost-benefit relationship exists between individuals and society due to the declining economic, social, and physical resources of individuals (Phillips et al., 2010).

According to Homans, social exchange theory can be defined as the exchange of tangible or intangible activity, and interaction can be rewarding or expensive. One principle is also associated with this theory. If there is assistance from one person, then a general expectation grows of getting back some reciprocation or return in the future. However, when family members provide more assistance than their receiver, they may consider the supportive exchange less attractive over time. Again, the family members or elderly people who receive the support may want to return some assistance like emotional support or advice to avoid the feeling of dependency on the support provider (Daatland, 2001).

Social exchange theory contributes a significant part to gerontology. It highlights the dynamic quality of interpersonal relations and the centrality of successful aging. Variations of exchange theory provide more focus on evaluating the intergenerational relationship, the experience of different patterns of support, historical change in opportunity, guidance, the interaction between people of different generations, exposed value of the older persons, research on caregiving are being evaluated or explored from an exchange theory perspective (Schulz, 2006). It also provides a significant example for understanding intergenerational transactions, including the role relationship between the support provider and receiver. It also highlights on mutual history of transactions and their degree of interdependence (Binstock et al., 2005).

Exchange theory explains why people behave in a certain way in a particular situation based on four key assumptions. These four assumptions summarize that people do precisely maximize benefits and minimize. A first assumption is that individuals evaluate their exchange experience to forecast the future. The second assumption is that interaction between two parties will be sustained if beneficial. The third assumption is that there must not be any imbalance in exchange. Forth belief is that if one party becomes dependent on the other, they lose power (Victor, 2005).

The social exchange theory assumes it is based on the comparability of support exchange; people continuously try to analyze their relationships. It is a general expectation that whatever they provide to others will be received the same from the opposite side in terms of support, and this is referred to as balanced support. Once a person gets the return from the other side, a balanced relationship has been restored, which is referred to as reciprocity. Reciprocity can be defined in two ways. First is direct reciprocity which refers to getting back the same type of support within a limited period. It can be included with different types of exchanges; like when an elderly person receives more instrumental support. It can be over-beneficial to them, and this can be balanced by over-benefiting the opposite side with emotional support. Then comes the time-delayed reciprocity, which covers a more significant period and may be expanded over a lifetime, and many people can join in this exchange process. After that, indirect reciprocity can be considered when an intermediate source returns the support.

Reciprocity can be considered as a factor in the continuation of relationships. If the receiving party cannot return the same support to the provider, and, indeed, this will not be changed in the future, the exchange of support can be declined. It can be more rewarding for the under-benefited person to give support in a balanced relationship where a return can be expected when it is needed. As an undesirable situation of dependence, the over-benefited party may consider the imbalance. The latter may occur either in the short term or long term when the poor health of an older person limits their capacity to return support.

Exchange theory is such an approach where the continuation of exchange to interpersonal relationships needs an equilibrium between the needs and abilities of both care groups. Cost, reward, benefit, and reinforcement are considered the foundation of all care tasks provided by informal caregivers. Patterns of reciprocity, norms of filial responsibility, and family cohesiveness play an important part in exchanges between the elderly and their kin.

Social Competence and Breakdown Theory

Kuypers and Bengston established the social competence and breakdown theory which is one of the important theories in the family caregiving context. According to this theory, ageing can negatively affect the elderly, leading them to a breakdown of social competence at an old age. People play different roles in their lives before coming at an old age. When elderly people cannot perform those roles, and harmful stereotypes develop against them, the self-concept of elderly people can be abolished. When elderly people face some health-related problems or other issues that require support from others, then they become dependent. The theory suggests that if elderly persons accept this, they may face vulnerability. A negative cycle is created around them, escalating negatively to social and mental competence. Bengtson and Kuypers indicate that when older people need sudden care from family members, it can lead to caregiving problems that can test the competence of the family members. Based on this theory, the nature of the individual, and familial environmental interactions can impact competence, making it easy to identify the interventions that can develop family functioning and decrease the feeling of helplessness felt by caregivers (Birren, 2007).

Cantor's Hierarchical Compensatory Model

According to Cantor's Hierarchical Compensatory Model, the preference of the elderly for informal caregivers follows a normative pattern based on the closeness of social relationships. Family members distribute the caregiving roles among them, and the spouse is the first choice for the elderly. Then comes the children, grandchildren, friends or neighbors, and the institutional helpers (Birren, 2007). So, it can be assumed that this theory focuses on the importance of the care recipient's choice. The hierarchical compensatory patterns are based on past relationships with elderly people. This theory also suggests that caregiving is activated when elderly people need help from others. Cantor's model indicates that older person prefers to get care from their spouse at first, and then come the children, other family members, friends, and lastly, formal caregivers. Each group is successively activated for providing care when a preferred source is unavailable or unable to provide care.

This model assumes the substitutability of one service to exchange another within a preferred ordering. After evaluating different research and groundwork, it can be said that there is little evidence to support the compensatory nature of informal care. However, this model is compatible with elderly persons' preferences (Johnson, 2005) This model indicates that older people prefer to seek help from the next available regardless of the nature of the task. A life partner is considered the first responsible for the use, followed by daughters, daughters-in-law, sons, and other relatives. At the end of the hierarchy, friends, neighbors, and other non-relatives come for help. If a specific relation belonging to the top of the order is missing, the next person takes responsibility (Bovenberg, 2010).

Litwak's Task-Specific Model

Litwak's task-specific model states that the suitable source of help for the elderly depends on the type of task. This model states that informal helpers are ideal for non-technical functions that cannot be scheduled, such as toileting and transferring from one place to another. On the other hand, specialized tasks, such as giving medication, are most suitable for formal helpers. So, the allocation of functions between informal and formal helpers suggests dual specialization or task segregation that indicates a clear division of labor (Birren, 2007). By specializing in the tasks, this model shows that legal services and informal care can complement each other.

Based on Noelker and Bass, dual specialization of the informal and formal system can generate the optimal care arrangement for the elderly person. This optimal care arrangement can also decrease the conflict of a different contradictory group because; it can easily separate the responsibilities of the groups.

However, this model suggests that informal caregivers can carry out tasks that need little skills and happen at unpredictable or unknown times. They can also provide emotional support. On the other hand, formal caregivers can carry the specialized functions and occur at a fixed time. Different legal studies point out the existence of task specificity in the informal sector. However, there is little evidence pointing out the task specificity between formal and informal care. Furthermore, it is shown that formal assistance is provided in the same task areas, whereas informal care is provided in different non-specified task areas (Johnson, 2005).

ABC-X Theory

Formally ABC-X theory was known as Family Stress Theory. Family stress theory was developed to find the complexity of interactions among family crises and why the protective factors are diminished or buffered from the families. It is also known as the ABC-X model. Hill developed the family stress theory, which was established in 1949. With the help of this theory, the researcher also tried to find out why, despite having great depression, some families could survive and some could not (Hill, 2015). According to Hill, two variables may act as buffers to decrease the direct correlation between family crises and multiple stressors. In this theory, A stands for different family stressors, B stands for informal or formal social supports and internal family resources, C stands for different perceptions of the family, and X stands for success or failure in fulfilling the challenges. Based on the caregiving context, A can be represented as the number of ADL dependencies, B can be defined as the family's ability to manage the caregiving situations, and C can be described as the family's attitude or perceptions about the challenges.

Findings of the Study

The focus of disengagement theory is on the functional capacity of elderly people and whether older people such as young and old are engaged in productive activities in later life. In this study, it has been found that some of the young older people whose physical and psychological conditions are better due to getting support from family members are engaged in various productive activities in society. Socio-economic status or power, living arrangements, and caregiving relationships influence the healthy and active lives of older people. The present study has also observed that those older people who belong to the middle-aged and most aged old could not engage in any productive activities in society due to their frailty or other physical problems. Then they become more dependent on their family members to fulfill their basic needs, which creates challenges for caregivers inside the household setting. On the other hand, those elderly are physically and mentally active or fit; they need less support or assistance from their caregivers. One of the respondents expressed his feelings in this regard,

"When I was up to the age of sixty to sixty-five, I was fully capable of taking some responsibilities of the family such as doing shopping, going to doctors, visiting relatives, religious institutions, going to bank without anyone's support. But after my surgery, at the age of seventy, due to the increase in taking medicine and, the side effects of treatment, I do not feel to engaged in any task. Currently, I am not involved in any functions in the family due to physical weakness and feeling unhealthy."

Family members' care or support enhances elderly people's physical and mental strength or capacity to engage in various family and social activities. This present study found that those elderly had supportive and resourceful children with better physical and psychological abilities engaged in the teaching profession, business, part-time job, social activities, caring for grandchildren, religious activities, and household work. It has been observed that both the elderly and family members are happy and satisfied with this involvement in daily life. On the other hand, sometimes family members do not allow their parents to work outside the home due to illness or lack of physical or mental functioning capacity of the elderly people. One of the respondents shared his experience in this way,

"After the marriage of my daughters, I and my wife lived together and took care of ourselves. But after the death of my spouse, nobody was available to take care of me. Daughters came for some time, but they could not stay a long time due to their family responsibilities. At that moment, spouse, children, relatives, friends...no one took the caregiving responsibilities of me. So, now I need to depend on a temporary maid who comes for two hours and performs cooking, cleaning, and washing tasks."

This theory states that individuals withdraw themselves from previous roles with the passage of time and age. Still, in this study, it was found that young, middle, and oldest-old people can involve themselves in new activities when their family helps them physically and psychologically (Birren, 2007). Because this disengaged process decreases interaction in the social system and may be initiated by the individual or others. At the same time, elderly people remain close to others or family members, so they become engaged in altered relationships when we find them in family settings. Family is an amazing social institution where family members engage with senior members by establishing caregiving relationships. The elderly people may withdraw themselves from some social roles as working people, or married couple. Still, they replace themselves as grand-parents, adviser, and problem solver within the family setting to establish an equilibrium characterized by new altered relationships (Blackburn, 2012). One of the respondents shared his experience in this way,

"Due to retirement, I have lost my income earning capacity and now functional limitation and illness make me dependent fully on my family members. I cannot perform any task properly including my tasks like medication, eating, dressing, shopping, and other family tasks. I have lost my power and status in my family and I have accepted this, so I am waiting for death. I cannot tolerate more suffering, physical or psychological abuse anymore...I feel my need in this society has been diminished."

It has been found from the study that due to physical illness or suffering elderly people disengage themselves from regular lifestyle and habits. Besides this, if elderly people do not get proper value or respect from their surroundings, despite good health, they are not interested in engaging in daily life activities. Disengagement theory describes that elderly people disengage from various roles in the family and society, but it does not explain that, if the

elderly do not engage in daily life activities, it may not ensure the quality of care for healthy ageing. The world is now progressing towards healthy ageing and through achieving functional ability an individual would be capable of meeting their personal needs, building and maintaining relationships, being mobile, and contributing to the society (WHO, 2015). The disengagement theory states that through withdrawal or separation process between elderly people and society brings positive outcome for both individuals and society. But now it has been found that, after retirement or bereavement, loneliness and social isolation may act as risk factors which hampers building and maintaining relationships in old age. One of the respondents shared his experience in this way,

“At my young age I loved to interact with people, so I always invited some of my friends in weekends for passing quality time gossiping, and taking lunch or dinner together. But now I am very sick, cannot move properly, even I do not like talking to family members, if someone is talking beside me, I feel disturbed. When my therapist comes for providing therapy or doing exercise, I think I am not voluntarily participating, but I am bound. If he advised me to practice various exercise in the leisure time, I do not follow the instructions.”

Another respondent shared her experience in this way,

“I stay with my son and daughter-in-law. I have two grandchildren so I can pass my time playing with them. My husband is sick and most of the time he stays on bed. He does not like to talk or chat with any of our family members. I spent my daytime through watching movie or praying. I do not involve any decision-making process in any family matters, if I join, nobody understands my viewpoint or emotional sentiment. Actually, I have no value or status in the family which hurts me so I always withdraw myself from any complexities.”

According to activity theory, if elderly people remain active, they can enjoy healthy and successful ageing. This study finds the relevance of activity theory when examining the performance of activities of daily living and instrumental activities of daily living of elderly people and their active engagement in individual, family, and social life. In this study, it has been observed that the active engagement of elderly people depends on their physical and economic condition. This study has found that vibrant, energetic, and healthy elderly people need less support from family. At the same time, it has also been observed that when they get a supportive family, they may remain engaged in social and economic or other family activities. Surprisingly, it has also been observed that the elderly become care receivers and support their grandchildren as caregivers when active and healthy elderly assist in the family, the caregiver as a spouse, adult children, daughter-in-law, and daughter feel relaxed with the presence of their senior member in the family. Human behavior, social interactions, and caregiving relationships within family and society are influenced by an exchange of activities that may be tangible or intangible. One of the respondents shared the main motto of healthy ageing and life satisfaction in old age in this way,

“I was always busy person in adulthood, always doing household tasks, child bearing tasks, caring tasks. As a housewife, I always tried to make my home neat and clean because I love perfectionism in the work. Now I am sixty-five years old, but always keep myself busy in various task in my family. I like to do household task like cooking, cleaning, washing, caring, shopping. Besides this, I like to talk with friends or neighbors, going their houses, going to religious institution daily. These daily life activities which are performed by me give mental satisfaction or pleasure to me.”

Another respondent shared his life experiences in this way,

“I was always busy and active with my job in the maximum time of my life. But after retirement, my activities inside the family have been decreased. I always loved to engage in multiple tasks, so after retirement, I became busy with my new job. But my family insisted me to take a rest because, suddenly I became very sick and needed for hospitalization and major surgery. Besides this, the marriage issue of daughter and job issue of my son is one of the main causes of depression and being inactive in life.”

Continuity theory believes that if elderly people could maintain their early lifestyle, persona, habits, and practices in their later life, they would become satisfied. The study has observed that family members, directly and indirectly, help elderly people continue their past lifestyles. Again, according to continuity theory, if people have control over their actions and behavior through maintaining past life experiences, habits, and lifestyles, successful ageing could be ensured. In this study, it has been found that, with the help of family and social support people try to continue their past habits and lifestyle, but when physical and mental incapacity arise, it would be difficult to maintain past habits. Continuation of past lifestyle depends on the interest of the individual and supportive environment, where family support could play vital role. One of the respondents expressed his views in this way,

“When I was young, my hobby was gardening, listening music, travelling, but due to job load I could not focus on the fulfillment of my emotional needs and preferences. But after retirement, I made a plan to fulfill my hobbies, of course my family members support me because they want me to be happy in old age. Sometimes my physical condition does not favor me, but I try to control and make balance between physical and mental health.”

Another respondent shared her experience in this way,

“At the age of sixty-eight years, I miss my golden memories with my husband who is no more today. We were very happy couple from the vies of society, really it was true, because we spent quality time with our children. We liked to travel on holidays or vacation but after the death of him and due to illness, incapability to move lack of support I cannot enjoy my present life.”

According to social exchange theory, intergenerational relationships and interaction, the pattern of support is influenced through an exchange process. This study applied the concept or theme of social exchange theory when examining the associations between caregiver and care receiver. In this study, it has been found that caregiving relationships and the nature of care depend on the capability and competence of both parties. If elderly people have less power, they become entirely dependent, and intergenerational support flows only from the family member's area. Then it is not possible to mutually reward or satisfy one another. If both parties, elderly parents and their adult children have similar resources, then mutual interdependency occurs from exchange relationships. Both caregivers and care receivers utilize past exchange experiences to predict future caring activities. Family members are now

involved in devoted activities to fulfill their parents' expectations based on their earlier experiences. Family relationships or caregiving relationships depend on the exchange of resources determined by age, gender, social class, personality, health condition, living arrangement, stability, or strength of the relationship between the elderly and their family members. It has been found from the study that women were the primary caregivers, and they engaged in personal care tasks and other household activities.

According to social exchange theory, social interaction, relationship, and behavior patterns are established through the exchange process. People always expect reward and acknowledgment from the relationship and want to avoid punishment and cost. In this study, it has been found that relationships are interdependent in the caregiving context, and caregiving roles are determined through the exchange process. One of the respondents shared her experience in this way,

"I have chosen caregiving responsibilities of my husband as he is very sick and cannot fulfill his daily activities without support of other. My daughters are married and son works in a private company. I have no alternatives and due to past life experiences, this task is more gratifying to me. I have passed many years with my life partner, so it is my moral duty to serve him."

Another respondent expressed his feelings in this way,

"After marriage of my daughters, we are living together and supporting each other. We both need care and assistance in daily life activities so we share this task. My wife does many household tasks like cooking, cleaning and shopping, buying medicine from shop, going to relatives house, financial task is my responsibility."

In this study, it has been found that elderly people with positive attitudes towards ageing and old age maintain a healthy and satisfying life. Besides this, if they cannot perform their daily activities and social roles properly, family and society do not support them which may cause a breakdown of mental capacity and feelings of helplessness. Family plays a major role in increasing the physical and mental capacity of elderly people which enhances the functional capability of performing social responsibilities perfectly according to the need of family and society. Illness or loss of status creates a dependency on family members, if family caregivers act as mental support to elderly and do not treat them as dependent, individual and family functioning capacity can be restored. One of the respondents expressed his views in this way,

"At the age of seventy years, now I am involved in more than three or four social clubs in my community as a member, so I have to do regular meetings with other people, arrange or organize various programs and enjoy it with all. I never think I am an old person and my wife and children always support me to engage in these activities."

Another respondent expressed his views in another way,

"From my childhood, I like to do shopping and I never feel the disturbance in this task. At the age of seventy-five, I try to continue shopping in fulfillment of family needs. But due to my illness and old age problems, I cannot do shopping perfectly. I forget many things and do not perform any household task. I think I will not be able to perform any task perfectly due to old age. Actually, I have lost my interest doing my favorite task."

According to social competence and breakdown theory, the involvement of elderly people in different social activities plays a vital role in the mental soundness of the elderly. People in their earlier life are usually involved in different social activities. They become used to them and become an integral part of their lives. But, when due to any health issues, retirement, or death of a spouse, they sometimes become non-involved with different social roles at their elderly stage. This incompetence affects negatively on their mental health (Schulz, 2006). This study also found the same. Different respondents expressed that whenever they become non-involved with their previous social roles, a negative feeling is created inside them. They feel less competent for both the society and family which affects their mental health. This also creates extra challenge for the caregivers. One of the respondents expressed his feelings,

"At my early life, I was involved with different social clubs beside my job.... I participated in different programs and social activities...those activities were part of my life...but at present, due to my illness...I am almost out of all social involvement... I feel that I am now useless for society...it also makes me feel very bad."

Family care preferences align with the hierarchical compensatory model (Cantor M. H., 1991), (Cantor M. H., 2000), which conceptualizes older adults' preferred care sources according to their degree of relation to the caregiver (Spitze, 2000). According to Cantor's hierarchical compensatory model, based on intimacy and closeness of relationships, elderly people prefer their caregiver. So, it has been found from this study that the spouse was the first choice followed by daughters, daughters-in-law, sons, sons-in-law, and other relatives. In the absence of a specific relationship, paid care sources like helping hand or domestic workers were expected and required.

In the model of the hierarchical compensatory theory of social supports, the caregiving task is divided according to the dominance of the relationship with the care receiver rather than defined by the types of tasks. According to the hierarchy of caregivers, support comes from family members first, friends and neighbors second and finally the formal organization. When the first element is absent or missing then the second support element would take replacement of the first one and compensate. This theory not only categorizes the caregiver preferences by older people but also extends the support beyond family by including friends, neighbors and formal caregivers. One of the respondents shared his experience in this way,

"When I need to choose a caregiver for myself, I prioritize good relationships or attachment with family members. I prefer my wife as she is involved in day-to-day activities and always stays at home. My son also helps me and takes care of me on weekend because he is busy with his work."

Another respondent shared her experience in this way,

"I have three daughters and they are married. As I am an older widow, so I have to stay in daughter house. But when I become sick and increase physical sufferings, I go to the younger daughter house because she understands me and have a good nursing qualities and experiences. I prefer her as my primary caregiver due to her mental strength and good bonding with me."

Task specific model was proposed by Litwak which determines distributed functions by creating differences between primary and secondary groups with their nature and functions in terms of social support. Informal and formal care both play significant roles in the lives of elderly people. According to this model, the nature and characteristics of support determine who would be the caregiver in a particular situation. One of the respondents shared his experiences in this way,

"My wife helps me in performing my task. She helps me with dressing, toileting, feeding. She also cooks for me and provides medicine timely. But when I need therapy due to my surgery, the therapist comes to our house to provide therapy to me. Whenever I need to provide blood sample, then male nurse comes from hospital. Doctor prescribed to take medicine by injection through canula, my son tried to do this, but he failed, then nurse helped me. I also need catheterization support, due to my incapability to do things properly I had to depend on professionals."

Task-specific model does not ensure the replacement of another element. This model highlights a high degree of interest and an inadequate degree of substitution. According to this model, tasks would be divided based on closeness, personal commitment, lifestyle, motivation, division of labor and technical knowledge with respect to formal organization. Litwak tested his model by comparing data from a study and found that family, friends, neighbors, spouses provide different type of activities of daily living. But it has also been found that, when primary caregiver was missing or absent nobody took that responsibility as substitute. One respondent shared his experience,

"Five years ago, suddenly I became very sick which required surgery and long-time hospitalization. I was totally dependent on family caregivers. My spouse, children, relatives provided me physical, mental, financial and caregiving support to fulfill my daily activities and I recovered within a few days. All of my family members were supportive and worked hard and due to their assistance and proper care, I overcame from crisis situation."

According to ABC-X theory, for having a sound ageing for both the care receiver and caregivers, positive alignment of all factors related to A, B, C are important. Under factors of A, if elderly people are more dependent on own self for ADL activities, then ageing can be less stressful for all the family members. This study also finds the same. In this manner, one of the respondents uttered that,

"It becomes very stressful for me when my mother-in-law gets ill...then she cannot do any of her daily activities by her own...managing her tasks along with professional duty, it becomes very tough for me...but when she is in good health, she can manage her daily activities...she does not need our help."

Again, under factor of B, ageing can bring different unwanted situations for family members. It becomes easy if family members are capable enough to handle these situations both practically and mentally. Under the factors of C, if caregivers and care receivers both keep positive attitude, then ageing situations can be less challenging. Both care receivers and caregivers need to sacrifices from their end to make the other's life easier. One of the respondents expressed his feelings in this manner,

"I understand that my son and daughter-in-law are very busy in their professional life, they work hard for the betterment of our family...so I don't expect that after their tiring day, they will come and take care of me...they have their own lives too... I need to give space to them... whenever they get time, they come and spend time with me...as an elderly, I also need to understand their situation."

Implication of Theories and Recommendations

Throughout the entire study, it has been tried to find out the implications of different ageing theories on the life of the elderly. This study found both the alignment between the concept of theories and the life of the elderly and also found some incompatibilities. These incompatibilities lead us to the necessity of creating a new dimension or model or theory that will be perfectly aligned with the life of elderly which will ultimately help to improve the ageing period of the elderly people.

One of the major criticisms of disengagement theory is that the theory was developed by considering only the male, ignoring the experience of women who were engaged both in professional work and domestic work. According to this theory, after the retirement of male persons, they become disengaged with their colleagues with whom they spend a long period of time of their lives before retirement. So, after retirement, this disengagement affects the elderly negatively. However, this theory did not recognize the group who leave their job before retirement age due to illness and work beyond retirement age for financial reasons. In this study, it was found that early retirement also affects elderly people badly. On the other hand, women who are engaged both in professional life and domestic work have more contact with friends, family, relatives, and colleagues in a young age than men. Even after retirement from professional life, women need to continue their domestic work for a few more years. So, when these women get disengaged, it becomes very difficult to stay happy in the elderly life. This study found similar situations for many respondents. Again, this theory influenced negative stereotypes of older people and undervalued the status and self-esteem of caregivers, who provide care towards elderly people. Through voluntary work, people can earn money and achieve physical fitness which is directly related to health and wealth.

According to the activity theory, people enjoy a satisfied life, when he or she become active by involving themselves in various activities in old age. But this theory did not mention the activation process during illness and disabilities of older people during old age and also recognize the caregiving role

provided by family to ensure active life. Without getting caring support from formal and informal caregivers, older people cannot lead active life which also depends on functional and mobility capacity.

Disengagement, activity, and continuity theory describe the adjustment process of older people with changes and losses in social roles. Loss of roles is not unique in old age and according to all three theories, role changes are the result of elderly. All of these theories focus on human behavior and interaction but do not mention the structural impact of society as a whole. The world is a multidimensional complex entity where individuals play multiple roles at the same time. All of these theories did not explain macro-level impact which could link individual in a social context. In this study, it was found that elderly people get depressed and feel lonely when they lose the roles that they have been playing in their early lives, which ultimately affects their mental happiness. Again, it ignores the influence of life experiences and life course perspectives and does not address class or gender issues in detail (Victor, 2005).

Again, activity and disengagement theory are the earliest formulations in social gerontology and are not derived from other academic disciplines. These theories are not sufficient to explain the experience of ageing in caregiving context. Both activity and disengagement theory provide prescriptive recommendations about the living pattern in the later years of life, but it does not explain human behavior. Successful ageing could be achieved through maintaining active life, continuing the middle-aged lifestyle, and reducing engagements. Low probability of diseases, high functional and cognitive ability, and active engagement with life were the determinants of successful ageing.

Cantor's hierarchical compensatory model describes the preference style of choosing caregiver for elderly people which depends on intimacy or attachment between the caregiver and care receiver. The major limitation of this theory is that lack of spouse, children, kin, friends, or neighbors creates major challenges in providing quality of care which was not mentioned. If the spouse is older than care receiver and becomes sick due to providing long term care and the care receiver is without children or other support, then who would take responsibility of caregiving. It is also mentionable that, only close relations cannot ensure caregiving support, but also willingness and availability of caregivers determine the caregiving task. So, an alternative dimension has been explored through the supplementation model of Edelman and Hughes where caregiving task is shared with informal and formal caregivers. Personal and daily life activities could be performed by informal caregivers and complex and instrumental tasks by formal caregivers. On the other hand, community-based service or home-based service could be used as a substitute for informal care because it is not possible to take responsibility of long-term care only by family.

According to the Hierarchical Compensatory Model, the elderly people select primarily to spouse, followed by adult children, friends, siblings, and other relatives as caregivers. The findings of this study emphasize the principle of selectivity and dominance of preferences which is opposed to the nature of the task. To explain and understand the support situation, we should consider multiple factors like preferences and availability of caregivers, the willingness of caregiver, the health and functional ability of both elderly people and caregivers, and the nature and level of needs. The needs of the older person are changing and the availability of caregivers is influenced by geographic proximity, health, work, family structure, and responsibilities. These findings lead to the necessity of an integrated theoretical perspective and longitudinal study to understand and interpret the complexity of preferences, specialization, and substitutions in the provision of social care for current and future cohorts of elderly people.

Litwak's task-specific theory described caregiving based on shared functions among informal caregivers in discussing informal care. Due to willingness and commitment to provide care, it is necessary to differentiate the types of primary group caregivers. This theory declares that neighbors, kin, and friends should take responsibility of handling immediate emergencies, long-term care and emotional sharing. The informal support network has several limitations- elderly people and their families may not have a larger network, lack positive and supportive relationships with kin and relatives, and have less tendency to help unknown people, a lack of intimacy makes informal caregivers unwilling to help the care receivers, etc. Continuity and reliability of care among informal networks could be problematic due to a lack of resources and knowledge about problems. Social and demographic trends indicate that in the future there will be a scarcity of family caregivers and due to women's involvement in jobs will decrease the availability of wives, daughters, and daughters-in-law as caregivers (Hamilton, 2011).

This study also found that the task specific model does not provide replacements for the absence of a particular element and do not specify the extent of another element that could take place. The substitutability by primary groups was limited because this model categorizes the caregiver based on the specialization of task. Kins and neighbors mostly support to those childless older people and whose children are not available with the elderly.

The major limitation of the ABC-X model is that this model indicated only family adjustment capacity with illness or crises but did not highlight the importance of family and social structure in caregiving context. According to this model, if activities of daily living dependency increase, the family utilizes resources to manage difficulties with the involvement of attitude and perception of family members. However, there are no specific indicators of how family utilize formal and informal resources to cope up with the caregiving burden and which coping strategies should be adopted to minimize the crisis.

Elderly care is not only a caregiving issue of informal and formal caregivers, but it occurs within social structures or environments. Enabling ageing in the right place is one of the pre-requirements of healthy ageing through enabling older people to remain in or maintain connections with their community and society. To reduce the caregiver burden and improve the quality of care we need to introduce community caregiving support considering social context. Integration of theories is necessary through the establishment the link between formal and informal caregiving context. It should integrate social perspectives of ageing with caregiving perspectives to get better outcomes in ensuring healthy ageing.

Conclusion

Family caregiving is a crucial concern in later life when people become aged and dependable with chronic illness and disability. Elderly people prefer care or support, especially from spouses and children. But, due to the changing structure of the family, the involvement of women in the labor market, decreasing level of bonding between family members and with elderly, the contribution of family in a care setting is sinking day by day. Different ageing theories provide their concept based on a particular dimension of ageing. This study found that only single perspectives cannot explain the various domains of elderly care, because ageing is a multidimensional concept. There should be an integrated perspective of theoretical basis so that we can be able to understand and explain how elderly people and their families can manage caregiving tasks and evaluate the socio-cultural context of caregiving. In particular, we need to develop cross-cultural and cross-national perspectives in caregiving settings so that we can examine the reliability and applicability of theoretical formulation which will ultimately help the elderly people to maintain a better and sound ageing.

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