

Experience of Grandchildren in Caring for Older Adult in Thai Family

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Abstract— This qualitative study aimed to understand and explain the experience of grandchildren caring for an older adult in family in long term care regarding the socio-cultural context in the North of Thailand. This research is based on the focused ethnographic study in the area of Tambon in, Lampang Province. The informants were 15 grandchildren in three-generation families. The data were collected through observation, in-depth interviews, document study, and field note. Triangulation was used to verify the quality of data and the validity of the data obtained from the informants and was confirmed by the experienced qualitative researchers. The data were analyzed using content analysis. The findings of the study consisted of two issues as follows: 1) The experience of grandchildren caring for older adult in the family can be divided into 5 patterns: (1) thought, belief, health aspects, and spiritual anchor, (2) the awareness, (3) health care experience, (4) practices, (5) the form of care, and 2) Related factors in accordance with the experience of grandchildren caring for older adult in the family including (1) understanding, (2) expectation, and (3) result of the elderly care. The results could provide as follows: 1) Nursing education proposal realizes the importance of transferring, cultivating traditions, culture in the family and society that is inherited which affects the health care of the family members is a psychological anchor used in everyday life, continued generation to generation. 2) Policy proposals to promote support and create guidelines for caring the older adult in the family continuously and sustainably. Realizing the benefits and importance of being supported, conveying practices from parents and close relationships with grandparents and the expectation of non-financial care from their children, but as love and gratitude attached to the next generation.

Keywords— Experience of caring, grandchildren, older adult, family, focused ethnography.

I. INTRODUCTION

The world's population structure during the period of 2001-2100 is approaching an aging society. It is estimated that by 2025, this number will increase to 840 million, or 70 % of the global population (World Health Organization [WHO], 2002) and it will add about 1.4 billion people by the year 2030 accounting for 71% of all the elderly around the world as well. Meanwhile, the number of Thai aging population is estimated at 19.7 million, accounting for 30.2% in 2036. (Institute for Population and Social Research, 2016).

In terms of health, the older adult tends to suffer from a variety of chronic diseases that are likely to turn into dependent conditions weak, helpless and receive long-term care, thus imposing burdens on family members in working

generation. (Coutinho, Vilela, Lima & Silva, 2018) In some aspect, the aged members with stroke and other chronic diseases are likely to become an economic burden. The family suffers from increased expenses but decreased income, thus causing the family members involved to enter into debt or lose their job, and overload. (Jesus, Aguiar, Santos, Meneses, & Santos, 2017; Kanti, Falconier, 2017). It was also found that two-thirds of the family obligated to take care of the aged develop emotional restraints, worry, depression and severe tension, thus provoking conflicts between family members and cousins. (Technical Promotion and Support Office 2, 2015). These effects burden to the working population, family members, and the generations who care for the older member in long-term care. In addition, the number of the potential working population decreases previously from 9 persons to currently 3 persons per one case of the elderly in 2040. (Technical Promotion and Support Office 2, 2015; Prachuabmoh, Srithanyarat, & Saengaru, 2010).

The social and economic change contributes to a population shift causing the number of children to decline. Its effects lead to the transformation of the family structure, namely the number of parents and children dropped from 52.0 % in 1987 to 26.2% in 2013. In addition, the number of extended families that become skipped-generation family tended to increase from 1% to 2.1%. The percentage of families with a three-generation family configuration (grandparents + working-age children + grandchildren) increased from 25.6% to 33.6%. (The United Nations Population Fund Thailand and the Office of the National Economic and Social Development Board, 2015). The family structure shift, affects family relationships or interactions among family members and generations, economic struggle, completion, and in lifestyle change, according to the changing economic society for survival and for prosperity and happy family. These affect family health problems such as, physical, emotional, social and spiritual. (Jesus, Aguiar, Santos, Meneses, & Santos, 2017). As a result, the traditional family structure, role, and family function of responsibility for family members are likely to be ignored. It means that the family belief, value, tradition, and contract that family members regardless of generation are obliged to take care, control, take active parts in and undertake the family missions, and respond to the basic family tasks may be overlooked. In particular, the case of care provision for the aged in the family. (Silva,



Vilela, Nery, Duarte, & Meira, 2015). According to Suparp (2009), Pitikultang (2009) & Department of Women's Affairs and Family Development, Ministry of Social Development and Human Security (2012) in the report on situations and trends of Thai families, it was suggested that Thai society tend to use violent behaviors to respond to problems. Modern technology, cultural diversity, and social communication are considered potential factors affecting Thai culture in terms of lifestyle, attitude, belief, hospitality, and people interaction. Such behavior is shown in the society as consumption, way of life, point of view, decision and violent reactions imitated from media. Particularly, online technologies influence the behavior of all family generations. (Jesus, Aguiar, Santos, Meneses, & Santos, 2017).

In addition, (Jongudomkarn et al., 2017) studied preliminary based on family life cycle" found that, from $310\,$ Thai families in 5 regions, both in rural and urban communities that one of the factors influencing the well-being of Thai families are the elements such as, spirituality, morality, child-rearing, being good, righteous in heart, gratitude, obliging, commitment, psychological contracts, and sharing obligations. Kumcha (2008) has concluded changes in the family, namely, the family is responsible for all of the family member's welfare, care, love, understanding, warmth, but in the latter these things will go away, especially the peace of mind. The family can lose sequences of role and lack of commitment in the family. This reflects the support given to the older person in the family. Moreover, when people become older persons, which is at the end of life, it is a good time for them to get help and social support as well. Thai society has a culture of care for parents, relatives, and older adult. Nowadays, the economic and social changes impact the role structure. Thai family as the basic subset of the big society functions to produce, determine the status, roles, rights, functions, builds a sense of basic responsibility and growth development with love, warmth, ties between generations, grandparents, parents, children, societies, kinship. In particular, as mentioned above among families with grandparents + working-age children + children increased from 25.6% to 33.6%, there were no findings on any study about how the three - generations of families in the 3rd generation care for the older member in long-term care at home. Especially when they grow up, they have to take care of their parents and grandparents in return or as a responsibility. There was no study between three - generations of family, social and cultural contexts to care for older adult in long term care at home. Whether it is a complementary help, giving love and respect to each other, perceiving family practices and the dignity of humanity. Especially the grandchildren who are in three - generations of family. It is a challenge to study about the commitment between the generations of the family in long-term care for older adult in the trials of social change.

II. OBJECTIVES

The present study aimed at investigating the experience of grandchildren in caring long term care for older adult in family regarding socio-cultural context northern of Thailand.

III. METHODOLOGY

Participants were 15 grandchildren aged 17 years and over in three-generation families, who self-identified as third-generation caring for older adults at home, were in-depth interviewed regarding the experience with problems, situations, factors and taking care of grandparents with chronic illnesses and disabilities regarding the socio-cultural context in North of Thailand. The study setting was a Tambon in, Lampang Province based on the focused ethnographic study (Cresswell, 2007). The older adults were designated as older who are dependent and disabled at age 60 years and over. Data were collected between May 2018 and October 2018.

The researcher gained access to the study participants via gatekeepers. Purposive sampling was employed under the condition that the family comprises three - generations, including aging generation, adult generation, and young generation. The information providers are families from the 13 villages of Tambon, Lampang province. The key informants are grandchildren, who signed informed consent. The criteria included: participant should be living in the same family and Thai nationality, having good hearing and can communicate in Thai and provide information, get the details of the research and consent to participate in the research, being in the area since birth and can represent the family. The researcher conducts the ethnography study by observation and in-depthinterview to the key informants followed by family briefing to explain the grandchildren's practice in caring for older members at home according to the socio-cultural context.

The instruments used in this study included the in-depth interview guideline developed based on a review of literature on problems and needs in caring for older adults as well as conditional factors by grandchildren, and the participatory and nonparticipatory observation guideline. Generally, qualitative researchers are considered major instruments that significantly affect reliability of the data. The researchers of the present study learned the theoretical concepts and practiced qualitative research skills in the doctoral of nursing degree program at Khon Kaen University.

Each key informant underwent a face to face interview for about an hour. The interview applied an unstructured form of questioning, following the interview guidelines modified depending on the situation to deeply explore the experience, perspective, and related factors in accordance with the experience of grandchildren caring for older adults in the family including understanding, expectation and the result of the elderly care of grandchildren in long term care and interpretation of participants towards various events in the contextual culture of the families was elicited. The researcher applied flexible techniques to the open-ended interview. The key informants have freedom to explain their experiences. The data were then completed and interpreted to extract meaning.

All information was submitted, kept confidential and only used for research resolutions. All transcripts have been examined many times, identity and other confidential information were then deleted to ensure the confidentiality of the key informants and protected them throughout the process of transcription and data analysis.



The researcher conducted the data analysis simultaneously with the data collecting process to search for important themes and concepts. The socio-cultural context, the situation and experience, and related factors in accordance with the experience of grandchildren in long-term care for older members were then analyzed. The main steps in the process of data analysis of ethnographic study which the researcher followed are namely organizing the material and the data, rereading and thinking about the data, giving the code of data, summarizing the codes and reducing to larger categories, searching patterns for regularities in data, sorting and recognizing themes.

The reliability and credibility of the data were also examined. After first entering the study setting, the researchers left the setting intermittently to analyze data and examine the correctness of data collection procedures by consulting the advisor. The triangulation audit and trail. An audit trail is a record of the research process as well as the analytical, methodological, and theoretical choices.

The present has been approved by the Khon Kaen University Ethics Committee for Human Research. The approval number was HE612042. All through the research process, the researchers adhered to the ethical consideration of conduct and respected the person, benefit, and value of all study informants.

Researcher plays an important role in the success of the study. The instrument in this study is indeed the researcher who directly participated and observed the areas of the family and community to see how the grandchildren living with older adults live together. During these activities, the researcher carried out interviews with the participants and took field notes, collected data, analyzed, and reported the research findings. In this study, the researcher must do "bracketing" before and during the research process. Bracketing is a method used by some researchers to mitigate the potentially deleterious effects of unacknowledged preconceptions related to the research. Thereby increasing the rigor of the project and protecting the researcher from the cumulative effects of examining what may be an emotionally challenging material.

IV. RESULTS

According to the study findings, the experience of grandchildren caring for an older adult in family in long term care regarding the socio-cultural context can be divided into two issues: 1) The experience of grandchildren caring for older adult in the family can be divided into 5 patterns: (1) thought, belief, health aspects, and spiritual anchor, (2) the awareness, (3) health care experience, (4) practices, (5) the form of care, and 2) Related factors in accordance with the experience of grandchildren caring for older adult in the family including (1) understanding, (2) expectation, and (3) result of the elderly care, which can further be explained as follows:

- 1) The experience of grandchildren caring for older adult in the family.
- (1) thought, belief, health aspects, and spiritual anchor: The participants are aware that taking care of the older generations is responsible for the younger ones. By observing

how their parents took care of their grandparents, they come to realize that health care is a common instinct and that it is time for the younger members to take responsibility in caring of the other members in return as they are getting older. They think older adults should eat good food to support their health and strengthen their immune system.

Grandsons believe that they should be a good boy, obey their grandparents and parents, by not going to pubs, avoiding bad things like drugs or alcohol, having a good time with their grandparents, asking an advice from them, and making them happy because they were the ones who raised them. The grandsons also realize that they should do activities with the older persons while they are still physically strong and capable. They believe that the gratefulness of caring for living parents and grandparents can be done at any time. The concept that old people are worthless should be demolished, instead, the older adults should be encouraged to live. Grandsons with grandfathers who are bedridden help in taking care of their bedridden grandfathers and don't think that it is a burden as they have seen the situation since they were young.

Granddaughters are aware that older adults care through the five senses which they had experienced since they were kids. When they grew up, they have to take care of them in return. Also, the ways to treat the older adults were taught at school. They realized that older adults are getting older and weaker, so they need to be cared of although they don't have any serious illness. As participants have explained:

"I am a good boy, obey my grandparents and parents, not go to pubs, avoid bad things like drugs or alcohol, have a good time with my grandparents, ask an advice from them, and make them happy." (A 17-year-old)

"Caring for grandparents while they are still with us can be done at any time. You cannot be annoyed. I must take good care and don't leave them to be lonely." (A 19-year-old)

"Now, I take care of my grandmother. It's not a burden because I had been with my grandmother since birth." (A 18year-old)

"At dinner, we meet together. Talking to each other makes a lovely and warm atmosphere. Everyone has a story to share and consult with one another." (A 24-year-old)

(2) The awareness

The grandchildren are aware of the way older members of the family took care of them. This helped them to understand that as they get older they have a growing responsibility to give back to the older members of the family, to treat them well as how they treated them in the past. They realized that their older members are getting older and weaker, so they need to be understood and cared of although they don't have any serious illnesses, including conditions caused by accidents. As participants have explained:

".... I learn from what they have done for me, I want to make them feel the same kind of happiness. It's been passed down from generations, from my parents to me." (A 24-yearold)

"I have grown to be the child of my grandparents. They said everything they have taught in the past is in me now. I don't know if they are tired with taking care of me but all I know they would never say a word about it." (A 20-year-old)

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(3) Health care experience

When a member of the family gets sick especially the older adults, every member of the family has to discuss and find the solution to help. It is a kind of social foundation which family members need to help each other. It is effective management when getting in trouble together. As participants have explained:

"I try to do everything I can. We also have many people in my family. There are many people who come and visit my grandmother everyday. She is not lonely and everybody helps in taking care of her." (A 20-year-old)

(4) Practices

Grandchildren prepare the elderly's favorite food, support them when walking, have meals together, as well as prepare medicine at night or when they are sick. Before bedtime, they make a hot drink for grandparents. They take grandparents to the hospital when they get sick. They stay overnight with their grandparents, tease them, and caress them. Grandchildren who have grandfathers who are bedridden do everything the grandmothers taught and were cleaning up their grandfather's body with a wet towel, feeding him, entertaining, and flipping his body to one side to the other. As participants have explained:

"I prepare my grandmother's favorite food, support her when she walks, have meals together, as well as prepare medicine at night or when she is sick. Before bedtime, I make a hot drink for her." (A 20-year-old)

"I help my grandmother when she wants to go to the restroom, support her when she walks, but most of the time she will sleep in the room." (A 17-year-old)

"Mostly, it's about cooking. Taking a bath is also another thing. Caring for my grandparents is a big responsibility. But everything we do will be passed on to the next generation." (A 24-year-old)

"I usually take care of food, medicine, and transportation to the hospital" (A 19-year-old)

(5) The form of care

The grandsons gave positive attitudes toward using technology in term of health information and distant communication. It is mental support when staying far away from the other members. As participants have explained:

"I have positive attitude toward using technology in term of health information and distant communication. It is mental support when staying far away from my grandparents." (A 20year-old)

"I want to make a life insurance for my parent and grandparents. They can rely on a good medication provided by the insurance once they become ill." (A 24-year-old)

2) Related factors in accordance with the experience of grandchildren caring for older adult in the family including

(1) Understanding

Understanding the older adults includes many aspects, these are the physical, mental, emotional, and social state of the older adults. However, grandchildren are more motivated to care for older adults and even encourage older adults to think, decide, and express their opinion freely. For those who leave the house for work in different cities, they see the importance in sharing their money to their parents for family

expenses. Grandchildren give their parents and grandparents with love and gratefulness, not as an obligation. As participants have explained:

"I must have a lot of understanding as my greatgrandmother is often upset. She also forgets things quite often. She can't also hear very well." (A 17-year-old)

"Family members must talk with an understanding and open heart, no secret. They need to discuss together." (A 20-year-old)

(2) Expectation

Grandchildren want their parents and grandparents to have good health for a long time. They want them to be happier, have more time with them, live longer and see their success, and to let them be proud of their grandchildren. Their happiness is not counted on how much money they earn, but it is from the moments they felt happy. The grandchildren want to help their parents and make all of them happy. They would like to graduate and get a secure job and aim at taking care of their parents and grandparents. Also, they think that grandparents don't want anything except family time. So, grandchildren think they should take care of grandparents as much as possible and never leave them alone. As participants have explained:

"They are getting old, so I would like to renovate the house for them. I want them to be happier and no accidents. I want to do the best in caring." (A 24-year-old)

"I want them to see my success and be happy in what I do. I can't leave them behind. My mother always talks about being grateful. If I leave them, I will never be prosperous which is not about money. It is about happiness and peace." (A 20-year-old)

"They are old so they like to be with their children. I want the children to care for them both physical and emotional aspects. Try to make them happy." (A 24-year-old)

(3) Result of the elderly care

Grandchildren think that when they have their own kids, they will teach them just like the way they were taught. They will take care of each other so that their kids can absorb and practice in their own way. They think that when they take care of their parents, they will feel good for themselves and the good things will stay in their lives in return. They also believe that caring for their parents and grandparents is a form of merit-making and expressing gratitude. The way of caring for the elderly depends on different people on how they absorb and act out. As participants have explained:

"Once I grow up and get married, I will teach my children to do the same. I will tell them to care for parents and grandparents, to give them love, care, and warm feeling, and that it is not a burden to do so." (A 20-year-old)

"The result is in the heart. I am happy when they smile and laugh, just a bit is enough. I don't want them to become old and grumpy. I am happy that I don't leave them behind." (A 24-year-old)

"I want my children to see how we care for our family members, we love one another and help each other. They will absorb the way of thinking and they will learn to love their parents in the future." (A 24-year-old)

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"To care for parents is great merit with the feeling of being grateful." (A 19-year-old)

V. DISCUSSIONS

The results of the study show that the experience of grandchildren in caring for older adult with dependency or are bed-bound in a family of three-generation is related to social and cultural context found in the north of Thailand. The result can be categorized in different aspects, namely social, and cultural context, and the way of living of the three-generation of families. This is often found within extended families, consisting of grandparents, parents, and grandchildren in one household. The family represents the conditions of living together with love, commitment, caring, helping each other according to the culture, belief, and value that children must provide assistance to care for older adults in the family, especially the things which are passed down to each generation. The nature of care of younger members will be a day-to-day care, including caring for body-support, accident prevention, psychological and emotional care, encouragement, being friends, and assistant to activities that older adults need based on basic factors of life (Yodpet, 2009; Srivanichakorn, et al, 2013). Although the primary functions of the younger generation members are mainly the responsibility for school and study while some have to work, they take time to contribute to the caring of the older adults in the family. These members require time to take care of older adults in daily activities during the period of after school or after work and also weekends. Though it seems like a burden, the younger generations think that it is an additional assistance which they must do in order to help older adults. This generates self-worth feeling to those children as they are responsible for their own duties which make parents and grandparents delighted. There is also a sense of gratitude towards parents or the elderly who taught and raised them since birth (Yodpet, 2009; Srivanichakorn, et al, 2013). Consistent with the empirical literature that highlighted the function of filial piety or gratefulness in Asian cultures, all participants were raised with the expectation that one day they or their siblings would take care of their aging parents or grandparents (Lai, 2010). Caring for them was fulfilling this expectation, which indicates that the next generation Asians was still endorse the value of filial piety. Nonetheless, most teen members emphasized that the decision of caring for their parents and grandparents stemmed not only from a sense of obligation, but also out of love towards them. Consistent with the finding obligation referred to a cultural expectation, two emphasized only the sense of obligation that this expectation of taking care of their own parents had created. (Kanti & Falconier, 2017). These findings appear consistent with previous findings which suggest that cultural values can be transmitted from generation to generation in different forms, while maintaining the essence of the cultural value as interpreted by the first generation (Kobayashi & Funk, 2010).

The results of the study also reflected how the participant acknowledge the role they play in the family as younger generation. Positively, they are able to see that caring of older adults in the family is part of the transition of responsibility

and that it is not a burden but a way of expressing love and gratitude. The participants cope with the everyday tasks by reflecting on their own experiences and at the same time using technology and its advantages. Consistent with the study of Sawatphol, Pengpinit, Senanikorn, & Srisuraphol (2017) which found that the primary caregivers' belief is to have a positive belief in the process of taking care of elderly people with family dependency. The belief is that older adults with dependency are valuable to the family like parents or grandparents. They represent a person with grace to the caregiver and they should be respected and properly cared for. In the study of Yodpet (2009), it was found that the experience of caring for the elderly in the family with dependency may be rooted from a reason that Thai society has been scrutinized for gratitude. Children must take care of parents and grandparents, especially when they are older, as a substitution to making merit. It is the duty of the child to treat the parents. This is a model that has been practiced as a recognition from direct experience from seeing parents treat grandparents. In addition to being a social organization, the elderly people have a status of being respected by their children which is related to a study by Pornkuna (2003) who found that the meaning of caring for parents is doing good deeds according to the principle of religion that has a relevant belief that the goodness from treating parents is like making merit for your own life. As a result of this belief, the merit from the good action will provide prosperity. Their children who they raised or their grandchildren will reward them once they are entering old age or during illnesses. It was also mentioned that a child, in caring for their parents, it might be caused by living together as a unit, spending time together with love, and treating each other in a well manner. The children are able to provide care through learning from the parents' practice from when they were born. It is the consciousness that is in the hearts of the children that they will provide care to the generation without training or learning before performing it. This shows that caring is naturally occurs as part of human instinct.

VI. CONCLUSION

This qualitative study sought to examine the experiences of grandchildren caring for older adults in family in long term care regarding the socio-cultural context in the North of Thailand, as the studied area. All of the participants viewed their experience of caregiving in terms of their benefits rather than its disadvantages. The participants hope that by providing care for older adults in the family, they are able to give happiness and that in the future this practice will still be passed on to the next generations to come. The result reflects that grandchildren have to understand the older members in terms of physical, mental, emotional, and social state. Guided with their own experience as to how they received care from their parents and grandparents when they were young, the participants are able to build their concept of care and it enables them to provide care for others. It can be mentioned that the practice of elderly care by younger generation has been carried out with understanding on the needs and changes that occur. They provide care without any disagreeable or illtempered manner and this has led to the well-being of the

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elderly from a proper caring by people in the family. It reflects the function of filial piety or gratefulness in Asian cultures that the next generation Asians was still endorses the value of filial piety.

The results could provide nursing education proposal realizes the importance of transferring, cultivating traditions, culture in the family and society that is inherited which affects the health care of the family members is a psychological anchor used in everyday life, continued generation to generation. 2) Policy proposals to promote support and create guidelines for caring the older adult in the family continuously and sustainably. Realizing the benefits and importance of being supported, conveying practices from parents and close relationships with grandparents and the expectation of non-financial care from their children, but as love and gratitude attached to the next generation.

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