

Home-based care strategies provided by family members that give life satisfaction to the elderly in Bunia city, Democratic Republic of Congo.

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ABSTRACT :

Introduction: Homebased care has been widely researched but very few studies have been done on the effects it has on life satisfaction of the elderly in sub-Saharan Africa, particularly DRC Congo. An effective home-based care has the potential to impact the health system together with the recipients of the care and their families.

Methods: Mixed-method approach was used in this study which integrated both qualitative and quantitative methods. 25 elderly people from 65 and above years were sampled for the IDI interviews and 2 FGDs were carried out with 7 participants each.

Results: Majority of the respondents were satisfied with living with their families who were able to take care of them and share their ideas. However, one of the major weaknesses they faced were lack of basic needs like food and shelter. The elderly people are also getting limited opportunities from their family members because they have limited support from the government.

Conclusion: Home-based care is an important aspect in the life satisfaction of the elderly. Life satisfaction of the elderly was linked to emotional, financial, spiritual, social and physical support from family members despite the medical conditions and harsh economic situation.

Keywords: Elderly people, family members, Home-based care, Life satisfaction

I. INTRODUCTION

With increase in population, the number of people aged 65 years and over is constantly increasing and life expectancy is rising with better medical care and technology (He et al., 2016). However, this is not without raising a certain number of questions in terms of support for the elderly. An increase in the number of elderly people increases the number of dependent elderly people and their desire, at the very least, is to age at home. However, this wish can only be fulfilled if home assistance and support services are available to the elderly (Sabrina et al., 2012).

The shift in the age structure of the population of Africa is likely to have extensive consequences and this calls for policy formulation and adjustments to meet this change. An increase in the elderly population means that health services need to be improved to support and cater for their needs. Contrary to the popular assumptions that the elderly is a burden to the society, in the African setting, they play an important role in shaping and enabling their children to access education and healthcare and they are often the caregivers of the younger family members, especially those that are orphaned or abandoned.

Other than that, they also play an important role in the economic setting as they usually take up small scale farming activities in the rural areas due to urbanization and migration to the urban areas by the younger people. (Pillay & Maharaj, 2013).

However, their physical and economic capabilities largely depend on their physical capacity because when their health deteriorates and they require care in return, the family members will need to take up the role

of caregiving. Therefore, the aging of the elderly takes a toll on everyone including the individuals, families and the society at large (Aboderin& Beard, 2015).

Institutional care of the elderly is perceived by the society to weaken the bonds within the families and therefore, the decision to institutionalize the elderly is hardly welcome in Africa. Furthermore, stigma comes hand in hand with living in such institutions as the people who live in these institutions are thought to be abandoned by their families. Although homecare is still preferred by many communities to be done within the setting of the family, this is not always possible because most of the time, the need to institutionalize the elderly comes when their needs cannot be met within the home by the family members (Brijnath, 2012).

In the Democratic Republic of Congo (DRC), the number of the elderly people in the age bracket of 65 and above is 3.2% of the total population. Congo has a life expectancy of 51.1 years (Guerchet et al., 2014). The present study assumed that life expectancy increases with the improvement of living conditions. This situation would have an impact on life satisfaction of the elderly. The question of concern is what kind of strategies on the care provided at home by family members offer life satisfaction to the elderly.

II. METHODS

2.1 Study site and study population

The study was conducted in Bunia city, Democratic Republic of Congo. The surface area of the city of Bunia is 576 km², with an estimated population of 900,666 inhabitants, out of which the number of elderly people is unknown due to lack of service or organization that can identify them and also due to lack of a national census since 1984. The target population for this study was the elderly people who were 65 years and above.

2.2 Sampling

A combination of probability and non-probability sampling was used in the study. A random sample of the neighborhood was obtained and then purposive sampling technique was used to obtain a total of 450 elderly people to be followed. 25 elderly people were sampled for IDIs and two FGDs each with 7 participants from the large sample of 450 people.

2.3 Selection and training of the study team

The interviewers were trained on interviewing skills and the objectives of the study. Similarly, the respondents were educated on the objectives of the research to be conducted using three conferences. Two radio stations were used to transmit our programs related to the elderly; The Congolese National Radio and Television (RTNC) and Radio Tangazeni Kristo (RTK) Bunia.

2.4 Data collection

Data was collected using In-depth Interviews (IDI) and Focused Group Discussions (FGD) with a Dictaphone recorder. The interviews captured; strengths, weaknesses, barriers, opportunities with home-based care and recommendations on strategies provided by family members.

III. RESULTS

The following themes were extracted from the interviews;



Fig. 1 : Mind map showing themes

a. Strength in the care that families offer to the elderly

Majority of the respondents were satisfied living with their families who were able to take care of them and share their ideas. The elderly gets the chance to share good moments with their families while they're around

them hence they feel loved and accepted beside their health conditions. The following are some of the recorded verbatim:

“we have many things that are good in family, we grew up here, our children love us and we love them. I know that this love is a great heritage that makes that today we are loved by our children. they give us everything, the food, they work seriously for us. The clothes I wear now are given by my child” [FGD]
“medicines are bought when I am in pain, I am happy to have a family with my grandchildren. We play together with them, I learn the stories of the family” [IDI] *“I see that it is good to be here, I am well. The advantage here with family is that we have the possibility to discuss about the problems of the family.” [IDI]* *“We share our difficulties and happiness together.” [IDI]*

b. Weaknesses in the home based care that family members offers to the elderly

Lack of basic needs like food and shelter was the major weakness since the family cannot be able to provide for the elderly fully. Some families get tired of taking care of the elderly and some do not have good knowledge of the diseases they are suffering due to their low literacy levels. The elderly lack good spacious rooms to rest as they live with their families or children and grandchildren hence the house becomes small to occupy. Additionally, there's also disagreements between family members and this affects the elderly making them feel they are a burden to their families and feel lonely. The following are some of the verbatim:

“The family is sometimes overwhelmed in complicated cases.” [FGD] *“Sometimes the family bought medicines that the hospital could not prescribe.” [IDI]* *“my son's means of living is sometimes difficult, he is alone to support me” [IDI].*

c. Possible opportunities with home-based care that family members provide to the elderly

The results show that the elderly people are getting limited opportunities from their family members despite having a lot of opportunities they can get from home. This is due to family members having limited access and are not being supported by the government nor the NGOs in trying to access the possible opportunities for the elderly. The following are some of the verbatim:

“I don't have anything else to say, I only add that lack of work is a means that is absent. Complicated diseases are not known by the family, we always need nurses and they ask for money, so if you don't have money, you stay without calling them.” [FGD] *“We need family members to collaborate with other hospitals and to subscribe for our care, but we lack mutual insurance to help us.” [IDI]* *“The caregivers are sometimes available and I believe that the government as in other countries that have hospitals for people like us, here at home the whites can help us to have rest center and games for people like us” [IDI]*

d. External threats or obstacles that prevent the elderly from receiving home-based care from family members

From the results, lack of finances was a major challenge faced by the family that takes care of the elderly. The children are not able to raise enough money to provide all their basic needs and since the elderly are not working, they feel they become a burden to their families. The elderly people are sometimes lonely since sometimes they stay alone as the family tries to go look for money. There is also lack of good health services at home and a professional doctor or nurse has to be involved in their treatment and sometimes they have to go to the hospital to seek medication as it is a rule. Another challenge experienced is war whereby there are a lot of insecurities that make them migrate from one place to another looking for safe space hence ending up having shelter problems. The NGOs involved in helping them do not support them fully and most of them are retired and they have not received their pension money. The following are some of the verbatim:

“we lack mutual insurance to help us.” [IDI] *“The family has very limited means” [IDI]* *“no, security makes here family not work well with the war. No salary and peace must be there, peace makes things work hard.” [FGD]* *“The authorities refuse to help us even with food. The retirement pension has never been paid either.” [IDI]* *“There is the possibility of land, except that our authorities think about personal interests not about the problems of others, we suffer.” [FGD]* *“Today we lack housing lack of machines for examinations” [IDI].*

IV. Recommendations on strategies, monitoring, analysis and research in the field of the elderly

Both KII and FGD respondents gave their views on what strategies to be used in home-based care by families so as to ensure the satisfaction of the elderly and what to be done on monitoring analysis and research in the field of healthy ageing. The following were some of their recommendations.

- *Hospitals for people like us will be a solution to our problems, our leaders can give land to build centers and hospitals for the elderly like us.*

- *I only ask that the government should take care of people like us here, we have served the country a lot and we have had children who are serving the country. We need our voice to be heard far and wide, and the NGOs can also help us.*
- *Look for us whites, they know more things with their intelligence, didn't they fight the Corona, now that disease is over*
- *Help us to have the NGOs to help us in the care of these diseases.*
- *We ask the government to pass a law on the rights of the elderly, to teach children to prepare for retirement because life is short for everyone*
- *I believe that we should be in the associations of the elderly as we have diseases, we can support each other in this association to be together.*
- *The strategy is to pay for retirement and have mutual insurance. Donations from NGOs.*
- *We do not have a place of our meeting for meetings, even meetings, let alone care. We need the authorities to see how to help us in this way here*
- *Collaboration with other countries can help us more in the advancement of our health here in the city.*
- *I ask that the government think about training schools for the care of the elderly. A budget to help people like us is very important if not we will suffer with the families who have no salary in this country*

V. DISCUSSION

The findings of this study showed that majority of the respondents were satisfied living with their families who were able to take care of them and share their ideas. Being with their families, they are taken good care of, given food, shelter and medication. The elderly people get the chance to share good moments with their families, hence feel loved and accepted beside their health conditions.

These results are confirmed by Morlais (2014) in his study to revitalize living together in a rural area, saying that the elderly people were satisfied and considered the fact of living with family members as a strength, because it is an opportunity to live and have fun with the grandchildren (Morlais, 2014). I believe that this strength is everywhere in the communities, there is nothing good without living in the family. In the city of Bunia, the family members are the only and ideal place for the satisfaction of the elderly people because no structure or organization of the old people exist in this city.

Major weaknesses were lack of basic needs like food and shelter since the family cannot be able to provide for the elderly fully. Some families get tired of taking care of the elderly and some do not have good knowledge of the diseases they are suffering due to their low literacy levels. The elderly people also lack places to rest due to them living with their families or children and grandchildren hence the house becomes small to accommodate all the household members. There are disagreements between family members and this affect the elderly making them feel they are a burden to their families and feel lonely.

Statements about weaknesses in home care by family members are consistent with Gilmour's (2018) study of the use of formal home care in Canada, which states that services provided by health care providers or voluntary agencies are considered formal care, while services provided by family, friends, or neighbors are considered informal care. Individuals may use a mix of publicly or privately funded structured home care services in addition to unstructured support. The weaknesses identified by our surveys are true because in Bunia City, and in D.R. Congo in general, family members are not trained to provide this care to the elderly. This is why these are real weaknesses that require solutions for the elderly.

The elderly people are getting limited opportunities from their family members despite having a lot of opportunities they can get from home. This is due to family members having limited access and not being supported by the government in trying to access the possible opportunities and also NGOs to make some opportunities available for the elderly.

A study published in Canada in 2020 on the need for interdisciplinary and collaborative approaches to assess the impact of Covid-19 on older adults and aging, Brad and his collaborators argued that there is need for government and other national and international organizations to be able to provide multi-dimensional supports to older adults (Brad et al., 2020). We believe that the family alone cannot satisfy the needs of the elderly in the home. It is therefore important for the government to put in place structures that support the elderly in the society.

The challenges that were majorly faced were lack of finances by families. The children are not able to raise enough money to provide all their basic needs and since the elderly are not working they feel as if they are a burden to their families. The loneliness felt by the elderly since sometimes they stay alone as the family tries to go look for money; lack of good health services from home since a professional doctor or nurse has to be involved in their treatment and sometimes they have to go to the hospital to seek medication were also cited by the respondents as some of the challenges.

Another challenge experienced is war whereby there are a lot of insecurities that make them migrate from one place to another. The NGOs involved in helping them do not support them fully and also having retired, majority of the respondents had not received their pension money. Therrien (2006), in her study on the responsibility of families and women in the home care of the elderly opined that family members, neighbors or women who take care of the elderly at home should be rewarded. In my opinion, some of the strategies to combat the weaknesses in home care for the elderly are relative depending on the context and environment. Motivation and remuneration of family members who provide home-based care for the elderly would also be effective strategies.

VI. CONCLUSION

Majority of the elderly people who have emotional, financial, spiritual, social and physical support from their family members experience life satisfaction. However, for most elderly people, harsh economic situation and lack of medical insurance render them unable to access medical care which lowers their quality of life and further reduces their life satisfaction. Many more factors that influence life satisfaction of the elderly are yet to be considered in empirical research in DRC and as such, this study could be used as a base for future research for further improvements to be made.

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