

# The Bonding-Binding of Grandchildren in Long-Term Care for Family Elder: Family Values in Northern Thailand

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## Abstract

The bonding-binding process is defined as an interpersonal interaction that occurs at birth. The attached construction of bonding-binding of grandchildren in long-term care for the family elderly is considered an important issue, leading to long-term care for the family elderly in the next generation. This study was to describe the attached construction of bonding-binding of grandchildren in long-term care for family elders within a specific sociocultural environment in Northern Thailand. From May to November 2018, data was collected using a participatory observation guideline, in-depth interviews, and content analysis. Three-generation family members who cared for the dependents and grandparents were among the twenty-eight participants. The bonding-binding of grandchildren living with grandparents who provide long-term care has been divided into four levels: Family-bonding was founded on the strong relationships within the family, social-bonding construction was affected by social norms, and religious-binding incorporated the positive reciprocity taught by religion. Grandchildren's bonding influences the social and spiritual lives of family elders in designing future long-term care for the next generation.

**Keywords:** bonding-binding, grandchildren, long-term care, family elders

## 1. Introduction

The changing world economy has had a direct impact on the worldwide population in all age groups. The 21st century is being referred to as an aging society (WHO, 2002). By 2025, the estimated aging population is steadily increasing, with approximately 840 million people aged 70 or older (WHO, 2002). In 2017, 17.8% of the Thai population (11.2 million) was aged 60 years and over. The elderly population in Thailand is expected to increase to 19.7 million people, or 30.2% of the population, by 2036 (Institute for Population and Social Research, 2016). The enlarged proportion of older people increases extra requirements on public health systems and care services, as well as on family members who care for older members of the family (Zelezna, 2018). The greater number of elderly people impacts the needs for assistance, dependency, and attention of later generations. This dependency is the result of increased disability, such as chronic illness and the need for more long-term care. A previous study showed 12% were less likely to perform daily activities and were dependent on others in order to maintain daily life (Institute for Population and Social Research, 2016). The composition of future populations for each generation will have different characteristics, attitudes, habits, and needs compared to the present. (Institute for Population and Social Research, 2016). In addition, changed economic and social conditions and increased geographic mobility resulted in changing patterns of family members' participation in labor and employment (National Statistical Office, 2014).

These changes also threaten the family caregiving infrastructure. The separation of family members becomes inevitable, although it results in fewer family caregivers. The labor age population, which is the main support of the elderly population, will decrease from 9:1 to 3:1 by 2040 (Technical Promotion and Support Office 2, 2015). A pilot study on the well-being of 310 families in Thailand found that the percentage of three-generation families has increased from 25.6% to 33.6% (Phuphaibul et al., 2016). The rising percentage of these intergenerational families indicates older grandparents or parents require care of their younger family members. Younger generations in Thailand are culturally expected to provide care for older members. In Thailand, although relevant research related to caregiving has increased over the past few decades, there are fewer findings focusing on the role of

grandchildren in providing care for grandparents. According to the social protection system for families, most elderly people live with their families if possible (Wright & Leahey, 2009). Several available services related to the elderly promote the value and provision of information to family members (Ministry of Social Development and Human Security, 2010; Department of Women's Affairs and Family Development Ministry of Social Development and Human Security, 2012; NESDB, 2017).

According to Thai tradition, most of the elderly people live with their family if possible (Podhisita, 2009; UNFPA, 2015). Due to modern lifestyles and urban life changes, the younger generations tend to have a small number of children in the family (UNFPA, 2015). This is crucial to planning and coping with various living arrangements, reflecting the characteristics of the future. Consequently, family members in each generation will need to adapt effectively, especially those families who are younger and take care of dependently elderly individuals (UNFPA, 2015; Podhisita, 2011). The family is expected to teach and modify proper family behaviors for the younger generation, including conveying beliefs, traditions, and values (Suparp, 2009; Podhisita, 2011; Karen & Sharyn, 2009). Relevant studies have found that families in the 21<sup>st</sup> century are more vulnerable to divorces and become less perseverant as a consequence of the abandonment of other family members, including domestic violence, stress, and unemployment (NESDB, 2017; Chamrunsawat, 2009). Previous research has shown that domestic violence has a negative physical and mental impact on children (Chamrunsawat, 2009). The older and younger generations reported aggressive behaviors such as delinquent and criminal behaviors (Kumcha, 2008; Pornkuna, 2003). In Thai culture, the bonding-binding of grandchildren who deliver care of grandparents is unknown, although grandparent care is normally an usual habit among Thai people (Fruhauf, 2012). In addition, the previous study found that young adult children and grandparent caregivers have high stress as they struggle to find time for social and romantic engagements and careers (Dellmann, Blankemeyer, and Pinkard, 2000). Granddaughters who cared for their grandmothers felt they had a long-term commitment to the caregiving role (Sorensen and Zarit, 1996). Similarly, native American grandchildren who provided care for their grandparents reported experiencing frustration with home health services, a sense of inadequacy when offering emotional support, and a decrease in physical and mental well-being (Hennessy & John, 1996; Fruhauf, Jarrott, & Allen, 2006). Less research is being done on grandchildren in terms of providing a long term for grandparents and how to attach construction.

An ethnographic approach is used to describe and explore the attached construction of the bonding-binding of grandchildren for long-term care of their family elders within a socio-cultural context. We used in-depth interviews to comprehend context, social, culture, interactions, experiences, and practices within a socio-cultural context.

## **2. Method**

### *2.1 Identify Subsections*

This is an ethnographic approach in order to inquire regarding a significant context within the three-generational family. Context, society, culture, interactions, experiences, and practices have been assessed regarding family values in providing long-term care for dependent family elders.

### *2.2 Participant (Subject) Characteristics*

The key participants were 15 grandchildren, aged between 17 and 25 years old, who lived in three-generation families and cared for their grandparents with chronic illness and disabilities at home.

### *2.3 Sampling Procedures*

The grandparents were aged 60 years or over and were either dependent or disabled. In-depth interviews were used for data collection. An ethnographic study was carried out in the Koh Ka district, Lampang Province in Northern Thailand

### *2.4 Ethical Consideration*

Ethical approval was obtained from the Institutional Review Board of Khon Kaen University, Thailand. Upon approval, the information regarding the study was distributed to the site. All key participants who met the study criteria were invited to participate in the study. Written consent was obtained from all participants prior to the interview. They had the right to decline the study at any time, and there would not be any adverse effects or punishment. All information obtained is kept confidential and used only for the purpose of research. Respect for persons, beneficence, justice, and equality are the ethical principles. The use of standardized research was considered throughout the study (Wheeler & Holloway, 2010).

### *2.5 Data Collection*

Ethical approval was obtained from the Institutional Review Board of Khon Kaen University. Following ethical approval, the study's information was delivered to the setting. Key participants who met the criteria for the study

were invited to participate. Prior to the interview, written consent was obtained from all presumed participants. They had the right to decline participation in the study at any moment with no negative consequences or penalties. All information obtained was kept confidential and utilized for the research purposes exclusively.

The researchers collected data from May to November 2018 by conducting videotaped face-to-face interviews with individuals. The researcher entered the research setting and made personal contact with the relevant person or gatekeeper to gain access to the field work and families in the community area. Finally, the researchers relating to what the researcher intended to observe and identify. The average interview lasted 45 to 60 minutes, with 70% lasting 50 minutes.

By emerging themselves as native and innante insiders in the setting fields, bias was lessened. The determination of observation investigates how parents and family members interact with children during at-home-activities. The determination of observation analyzed how parents and family members engage in child-related activities at home. Throughout the observations, the researcher gathered field notes, which are descriptions of the frequency of observed events and bahaviors. For the duration of the study, which spanned two months, researchers carried out their daily tasks on at least six consecutive days, Monday through Saturday, to ensure the correctness of the data.

Subsequently, researchers conducted three group discussions discussing bonding-binding in long-term care using an interview guideline for in-depth interviews. The interview lasted between 45 and 60 minutes and was accompanied by notes and audio recording. Each description contained extensive detail, and member check was used to validate the specific documentation.

### *2.6 Data analysis*

The researcher performed both data gathering and analyziz concurrently. At the beging and conclusion of processes, researchcers analyzed special bonding-binding concern with grandchildren. This assisted researchers in following aim of the study and clearly understanding the memo. Analysis and interpretation occure simultaneously. The analytic process was not linear but iterative; meaning that researchers cycled back and forth between data gathering, data researching returning to data collection and analysis.

The researcher followed the procedure for data analysis. The main steps in data analysis, according to them, include: bringing order to the data and organizing the material; reading, re-reading and thinking about the data; coding the data and summarizing and reducing the codes to larger categories. Finding patterns and regularities in the data, classifying them, and identifying themes.

#### *2.6.1 Methodological Rigor*

The credibility of a study was determined by its methodological soundness and adequacy, as well as by how properly the researcher understood each participant's experiences. The researchers suggested criteria for developing the trustworthiness of a qualitative inquiry, namely credibility, dependability, confirmability, and transferability (Lincoln & Guba, 1985; Polit & Beck, 2012). Each interview transcript was read multiple times to assure data accuracy.

## **3. Results**

### *3.1 Participant Data*

The soiodemographic data reported in Table 1 included age, gender, occupation, income, martial status, years of caregiving, and relationship. Overall, fifteen individuals were interviewed. There were seven females and eight males with an average age of 18.9 years. The majority of participants were comprised of students. Since birth, they had all been members of a three-generation family. The average time spent caring for their elderly was 6.93 years, ranging from 5 to 13 years. They key characteristics of participants are reported in Table 1.

Table 1. The participants' characteristics

No.	Gender	Age	Career	Income/ Month(฿)	Marital Status	Years of caring	Relationship
1.	M	17	Student	-	single	5	grandmother
2.	F	20	Employee	20,000	single	8	grandmother
3.	F	17	Student	-	single	5	Great-grandmother
4.	F	20	Student	-	single	8	grandmother
5.	F	17	Student	-	single	5	grandmother
6.	M	19	Student	-	single	7	grandfather
7.	M	24	Student	-	single	12	grandfather
8.	M	19	Student	-	single	7	grandfather
9.	M	17	Employee	15,000	single	5	grandmother
10.	F	17	Student	-	single	5	grandmother
11.	M	25	Employee	40,000	single	13	grandmother
12.	F	19	Student	-	single	7	grandfather
13.	M	19	Student	-	single	7	grandfather
14.	M	17	Student	-	single	5	grandmother
15.	F	17	Student	-	single	5	grandmother

### 3.2 Four Themes of Levels of Bonding-Binding

Based on the result, it was determined that the primary participants provided care for their grandparents. Four themes, including self-bonding, family-bonding, social-bonding, and religious-bonding, were identified in the associated constructions supplied by grandchildren residing in long-term care facilities for the elderly.

#### 3.2.1 Self-Bonding

Self-bonding was associated with personal instinct, mind-contract, and common sense. This encompassed social and spiritual qualities, such as feelings of love, warmth, happiness, and understanding, and compassion, in order to build intimate connections amongst individuals. Bonding from childhood to later age was explained as observational bonding and learning practices from family members who care for senior family members. This relates to the spiritual perspectives of grandchildren caring for their older individuals based on their heart and pleasant emotion, such as comfort, unconditional love, and willingness. There was no requirement for payment of compensation. Its roots came from native phrases “vairun hao kuan me paya kum keud bo pa ko tud tor bo por ko tud ta” (Children should have common sense in caring for their parents.) *“It is a bond I have had since I was a child. It is rooted in me with love and commitment, passed from one generation to the next.” P11:Tt4076 “We feel relaxed. We care for each other with our heart.” P10T3020 “It is in everyone’s sub-consciousness. No one told me. It’s my feeling. I have been in this home since I was born, living with my grandparents.” P10T3185.*

#### 3.2.2 Family-Bonding

The family-boding was one of the types of bonding-binding of grandchildren in older individuals. This was based on a strong relationship in the family. The family-bonding was a requirement on how the family gives and treats each other, including unconditional care for the elderly. The participants were compliant and followed their parents' instructions about the care management of the elderly. Commonly, parents teach their children how to properly care for the elderly in the family from generation to generation. The participants provided affectionate attention for their grandparents with love and embrace. They felt gratified for caring for their lovers to the end of their lives and bringing them bodily and mental happiness. The participants felt less stressed when they conducted daily tasks for older individuals since they were willing to do it instead. The money was irreplaceable because it had sentimental value to children who cared for their parents and grandparents. A strong bond between a grandchild and a grandparent was essential for providing care for the elderly. It brought pride to the family. Its roots came from native phrases “ple va taue ka hu va jon u kan ma meun tad kan bo put” (Family relationship that are understood to stay together for a long time, do not cut off completely.) *“It is a bond I have had since I was a child when they took*

*care of us. It is rooted in me with love and commitment, passed from one generation to the next.” P11:Tt4076 “It’s a commitment to care for each other. It’s a bond that we can’t remove ourselves from the situation.” P10T3081 “It’s not a burden. It’s a strong bond we have among the members and they all go to practice.” P10T3166 “I look at our family relationship as warm and happy. There is no reward. But if there is, then it’s an endless payback system and money can’t replace it. ” P10T3128*

### 3.2.3 Social-Bonding

Social-bonding has been influenced or branded by social norms. Social-bonding was associated with social expectations, which included the willingness or unwillingness to bond with their grandparents. Almost majority of the participants said that appropriate behavior towards grandparents should be taught to the next generation. The happiness of the rest of the older person’s life for grandchildren was a significant factor in feeling willing to make grandparents and parents happy. As a result, older people and parents desired to be near to their children in order to get their affection. Additionally, negative feelings, including abandonment, loneliness, and sadness, were avoided and unacceptable to them. Neglecting parents would cause the community to spread rumors. Its roots came from native phrases “jao ban lao lue ba por ba yaeng”(The villagers blamed gossip that didn't care for parents.) “I don’t think it’s a burden. If we don’t take care of them, others will talk bad about us. We are bad boys because we don’t take care of our grandparents.” P9:w4019 “They like to stay with their children when they are old. We must take good care of them or else others will talk bad about us.” P11:Tt408 “If we look at social expectations and responsibilities, then it’s from everyone in our community. They know that this is our responsibility.” P10T3128

### 3.2.4 Religious-Binding

The religious-binding was a form of religious instruction. The participants offered care for their grandparents in accordance with the Buddhist philosophy, which necessitates recompense and duty to the elderly. Thais are expected to adhere to the country’s religion beliefs and show gratitude to their parents and elders. All participants claimed to have faith in accordance with their Buddhist teachings. They cultivated good deeds and behaviors to treat their grandparents well in order to find prosperity in life. Its roots came from native phrase “boon kham boon joo khum jen luk larn” (make good deeds to children) “I do good deeds for my parents. I will teach my children to be grateful and take care of us. I can teach them to do the same. ” P10T3120 “I will take the best care of them so they can see my success and be happy with what I do. It’s a bond, and I can’t just leave them. I have been taught that I won’t succeed if I leave them behind.” P10T3112 “I help my grandmother take care of my grandfather. She always teaches me that I will gain merit from my good behavior and that it will help me in the future.” P4:d4050.

## 4. Discussion

This qualitative research using an ethnographic approach focused on understanding the attached construction of bonding-binding of grandchildren in long-term care for the elderly according to the social context in the northern part of Thailand. The results revealed that the elderly were expected to live with and being taken care of by their grandchildren. This observation suggested that the younger generation’s role and duty were suggested (Fruhauf, 2012; Sorensen & Zarit, 1996; Srithamrongsawat & Bundhamcharoen, 2010). The studies showed family roles and responsibilities represented the foundation in shaping the personalities of its members (Chamrunsawat, 2009; Soontornthada & Lertchaiphetch, 2009). The levels of bonding-binding showed that people believed in being thankful and that strong family ties had been built between generations.

The results of this study represented the significance of the family, especially the three-generational family where the younger generation supports the elderly in long-term care. A previous study found the advantages of living together as a three-generation family were the strong bonds built among its members (Harrigan, 1992). These four levels of bonds represented love and support. They can be extended to communities and social groups to create a strong connection among members and attach the construction of bonding-binding for long-term care in families. Showing an understanding, being honest, being patient, forgiving, touching, and hugging help people feel closer to each other (Chamrunsawat, 2009). This is the basic role of the family where parents must shape their children behaviours and teach them good adults. Parents must teach them about reality, life lessons, generosity, and self-sufficiency. The family was a crucial institution that was responsible for this teaching, and its members had to practice without hope of compensation. There are no negotiations or written bonding required. It was a bond that had been cultivated, conveyed, and accumulated from generation to generation (Chamrunsawat, 2009). The grandchildren reported rewards valuable to their hearts in caring for their grandparents. The findings were consistent with how grandchildren’s caregivers reported both rewards and stressors in the grandparent-care role (Fruhauf, 2012). Similarly, the caregiving experience provides support for their relationship with their grandparents (Stephens, Franks, & Townsend, 1994). The current results found neglecting or not providing care to parents or grandparents was not acceptable. This was supported by the Buddhist teaching to respect, worship, or do

good things in return. The current study showed that the participants continued to provide care to their elderly in accordance with the Buddhist philosophy.

Additionally, the grandchildren prioritized their families and assisted their elders out of duty. This outcome is comparable to those of other Asian countries where parental care is a significant cultural emphasis (Yen et al., 2007). It may be inferred that the grandchildren offered long-term care for the older family members based on the attachments they had to construction and long-term care since birth, which had been absorbed by their subconscious. It affected the model of human development where an individual interacted with family members and their surroundings. Reason connected the four layers of relationships, which can have an affect on lifestyle well-being. The finding demonstrated that grandchildren were able to express their gratitude and to show respect to their grandparents' culture through their grandparents' influence and this practice needed to continue.

## 5. Limitation

The study only represented one region of Thailand. It is only discussable within a particular sociocultural framework. Therefore, future research should focus on additional family members who care for their family elders in order to investigate their perspectives, opinions, perceptions, and experiences in this area.

## 6. Conclusions and Implication for Nursing Practice

This study explored and analysed the bonding-binding between grandchildren and their elders in a long-term care within the sociocultural framework of the study location. The research findings can be utilized by health care practitioners, particularly nurses, to create and implement effective strategies for aged care systems that rely on family members from many generations.

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## Competing Interests Statement

The authors declare that there are no competing or potential conflicts of interest.

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