

**Mini Review***Copyright © All rights are reserved by Adhikari RD*

Ageing Persons and Rising Responsibilities of Family Caregivers: Minireview

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The global population aged 60 years and over will reach nearly double (2.1 billion) by 2050 than in 2017 (962 million) and 4th times more than of 1980's population. In 2050, it is estimated that 79% of the world's population of this aged will be living in the developing countries [1]. Although, this phenomenon of population affects worldwide, the growth has been faster in less developed countries [2]. Increased in life expectancy also increases chronic disabling diseases among older population [3]. Among older adults, about 23% of the total global burden of diseases is presented [4]. Aging itself results in declining in health conditions and increasing in the number of chronic diseases [5]. So, larger numbers of older population specially in developing countries are living with disability because of health risks, injuries and chronic illness. Worldwide, more than 46% of older persons have disabilities and more than 250 million of them experience moderate to severe disability, especially by visual and hearing impairments, dementia, falls and its related injuries, hypertension and Diabetes Meletus and their complications [6].

Roles and Responsibilities Family Members

As a result of increasing dependent elderly population, many problems arise in economic, social, and health care fields [7]. Eventually, family members need to assume the role of informal caregivers as they gradually becoming dependent [8]. Because of absence of social security and formal care support, the family members need to continuously provide care without any financial or physical assistance from the country for their dependent older people [9]. Like other developing countries, as India, in Nepal also only family members especially children need to provide support to their older ones [10].

Because of medical advance, shorter hospital stays, and the expansion of homecare technology, family expenditure increased

and heightened caring responsibility of elderly with chronic, disabling, or serious health conditions that creates the situations of depending on untrained and unpaid family members to perform skilled medical/ nursing tasks without providing training and support them [11]. Family member is the "first line of defense" in providing community-based care to older persons [12]. However, researchers know little about the dynamics of family care over time or about the characteristics of family caregivers' that are associated with stability and change in the primary caregiver role [13].

Family caregivers provide continuous support for their dependent elderly with activities of daily living, care of illness-related symptoms and management of care. Activities of daily living includes taking a shower, feeding and changing clothes, exercise, bed to chair transport, using the toilet, food preparation, buying groceries, making phone calls and financial budgeting [14].

The report of United Nations (2017) showed about two thirds of caregivers were women (wife or daughter age 45-65 years), who were caring for children and older family members were usually under pressure for balancing work and household duties [1]. Similarly, family caregivers may be without job or with part-time employment and a low educational and socioeconomic level. Besides that, the care provision is in a continual, intense, and daily way (more than 40 hours a week), and diverse services. Generally, this assistance is assumed by a single caregiver [15].

The national study of caregiving by the U.S. (2011) showed that more than three-fourths of family caregivers were helping their elderly in health system interactions, and nearly six in ten were involving in health- and medical-related tasks [16]. They provide most assistance with daily activities and help with a range of health care activities such as physician visits, transitions between settings of care, medical decisions including medical tasks such as

injections, medication management, and wound care [17]. Because of increasing more women are entering in the productive world, still male are not entering the reproductive world. This condition creates the crisis in caring process. This creates difficulty for women to perform their traditional and new roles [18]. The provision of continuous care for older people become a challenging issue for themselves, their family members and health care professionals [19].

The increasing in caring responsibilities of family members have been described as stressful that requires special time, physical and emotional energy. By the continuous involvement in caring, they may experience physical, emotional, social and economic difficulties imposed by the illness of the dependent persons, eventually resulted in caregiver burden [7,20]. The quality of care provided by an informal caregiver depends on his/her quality of life and well-being [20]. The consequences of prolong burden are higher levels of emotional difficulty, restriction of taking part in valued activities and reduction of work productivity for many caregivers [17].

Although many family caregivers may satisfy their role, it can gradually decrease their physical and mental health, can affect their employment, educational prospects, financial status and social life. Therefore, it is very important to consider the positive and negative aspects while assessing the impact of caregiving [21]. Many studies showed that caregivers could not handle the stress of caregiving for their family members and they experienced social limitations because of staying at home [22]. Therefore, caring for a disabled older person can be a highly stressful experience. Caregivers' sense of burden may cause emotional distress, poor health and poor quality of life and may also influence decisions to institutionalize care recipients. The family caregivers are at high risk of psychiatric or physical illness and economic pressures [23].

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