INTRODUCTION

Studies on care for elderly in the developed countries were very encouraging throughout the decade. However, the issues regarding the care of elderly in developing countries are still lacking and have not been given much attention (Jameelah et al., 2003). In Malaysia, the issue of caring and providing services for elderly has been taken into serious consideration in the Eighth Malaysian Plan (2001-2005). The medical advancement and economic development had improved the life expectancy of the elderly population in Malaysia since the last three decades. The population distribution in Malaysia, based on age, in year 2000 showed that 6.1% or 1.418 million people were 60 years and above, and is expected to increase further to 9.5% in the year 2020 (Department of Statistic, 2001). The increase in aging demography initiates challenges and tribulations to the emotions, social, health, politics, and economies that will have to be faced by the family, society, and the nation.

Various research findings showed that care provided by family members was becoming a less preferred option for the increasing number of senior citizen population (Chan, 1995;

K. Alavi, Rahim M. Sail, Khairuddin Idris, Asnarulkhadi Abu Samah and M. Omar Mazanah and Mazalan, 1999; Asnarulkhadi, 2001; Sim, 2002; Tengku Aizan, 2001). This phenomenon is the result of various changes that affected the family. Among the factors are (i) decline in birth rate which results in fewer children in the family sharing the responsibility of caring for their parents; (ii) increase in women participation in the workforce which consequently resulted to either their parents being left alone in the house or left to be looked after by their grandchildren; (iii) the increased divorce rate that have weaken the relationship with the children and other relatives; and (iv) the consequent of geographical relocation due to employment and economic needs that further detach elderly parents from their children and relatives. The trend of having a nucleus family unit in urban areas has also resulted in weakening relationship with other relatives. In this type of family structure, the parent-child relationship is deemed more important rather than with other relatives. Therefore, most families in the urban areas seem to have very minimal emotional attachment or lack of strong sentiments towards their relatives. This has made the elderly parents more vulnerable and totally dependent upon their children for care.

Chan and DaVanzo (1996) and DaVanzo and Chan (1994) stated that two-thirds of Malaysians aged 60 and above stay with their adult children. The Department of Statistics (1998) reported that 59% of the elderly stayed with their children. Chen’s (2002) finding showed that the percentage of the elderly staying with their children had increased to 72%. Alavi et al. (2011) found that most adult children (92.8%) in the rural areas chose to stay with their parents or parents-in-law. On the other hand, only 43.1% of the urban respondents live with their parents and 36.6% live nearby their parent’s home. Although quite a number of adults are staying with their parents, the recent trend is for them to stay nearby, especially in urban areas. In spite of statistical differences from the research above, the data show the majority of elders in Malaysia prefer to stay with their children.

Modernization and urbanization in Malaysia are two factors that influence the changes in the traditional family system. The geographical distance and changing family structure seem to hinder the potential and ability of family members to provide constant care for the elderly. Therefore, it is important for the elderly to stay near care providers although not necessarily staying with them. This will enable them to get continuous financial assistance, emotional support, information, and personal assistance in time of crisis (Seeman et al., 1988). However, in Malaysia the adult children are very much closer, physically and emotionally to their parents. They do communicate with their parents regularly through phone calls, letter writing, and emails, or even visiting them regularly (Roziah, 2000). This shows that family members, especially adult children, remain the main support for the elderly (Hasmah, 2001). According to Tengku Aizan et al. (2000), majority of the elderly Malays and Indians have support from their children, whereas the elderly Chinese get support from their partners. In fact, in some Chinese community, the elderly parents are rarely cared by their daughters and son-in-laws. The Chinese believe that those who do not care for their elderly parents will be cursed by their ancestors (Sokolovsky, 2001). Other than financial assistance, elderly parents living alone or living with adult children often attain assistance in the form of food preparation, purchase of daily necessities, housekeeping, doing laundry and transportation to visit relatives/hospital/clinic (Chor and DaVanzo, 1999).

In addition to members of the family as the primary care takers for the elderly at home, relatives and neighbours are seen as secondary caregivers. The selection of primary caregivers depends upon the family connection, gender and residence location of the family members (Merrill, 1997; Cantor, 1979). In most cases, husband or wife will be the main caretaker of a spouse. In the absence of a spouse, either the daughter or son will play a key role in providing care for the elderly. For the elderly who have no children, their immediate family members

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will take the role and responsibility in caring for them. On top of that, they get information on programs and services provided in the community from neighbours or friends (Alavi, 2008).

Rapid economic development is one of the key factors causing changes in behaviour, attitude and lifestyle of the adult children in caring for elderly parents. The relationship between adult children, parents and grandparents is increasingly weakening due to the generation gap, leading to conflict and tension in the family which may bring unhealthy consequences to the elderly and their children (Clarke et al., 1999). The option of caring for the elderly by family members or government or private institutions has been a heated discussion in Malaysia. In managing the demands of modern life, family members find it hard to impart basic responsibilities and social behaviour to their elderly parents. The main purpose of the present study is therefore to identify the living arrangement preference and family relationship expectation of elderly parents in sub-urban communities.

METHODS
This research used an in-depth interviews and grounded theory approach. This approach and method depicted the background of research subjects, mostly the elderly who were willing to share their experiences on living arrangement preference and family relationship expectation. The subjects were chosen based on the criteria that were set to acquire extensive information.

The respondents selected were 15 elderly Malays, Chinese, and Indians living in urban Selangor and rural Pahang areas of Peninsular Malaysia. An in-depth interview in qualitative nature is conducted in an open and unstructured manner. The main question asked during the interviews was the following: “What are the living arrangement preference and family relationship expectation of the elderly during the last stage of their lives in the modern and challenging situation?” Additional questions discussed were on why do they prefer to stay with family and have they thought about living in care institutions. In the subsequent interviews the researcher had selected passages from the written report (transcribed) to develop a theme.

RESULTS AND DISCUSSION
Their ages range from 60 to 87 years, a good mix of early, mid, and late old age. In terms of gender, there were four male and eleven female respondents. Most of the Malay and Indian respondents were from rural areas, whereas all the Chinese respondents were from the city. With regards to their education level, only one respondent holds a diploma and another two have secondary education. As for the rest, ten respondents have primary education, and the other two have no education.

Most of the elderly men and women from the rural areas work as child minders, rubber tapper, oil palm fruit collector, and social worker. In comparison, a few of the elderly in the city work as security guards, while others as pensioners (ex-customs officer), housewives or unemployed. The researchers noted that age is not a setback among the elders to work and earn a living because most of their adult children cannot support them financially due to high commitment in paying their home loan, children’s education and others.

The respondents described their living arrangement preferences and family relationship expectation as closely related to their family belief, experiences and future expectation about their life. Almost all respondents indicated that living with family was more secure and merrier than living in care institution for the elderly. But a more interesting fact was that, they preferred their children staying with them rather than staying with their children. The respondents were also concerned about their future living arrangement when they were no longer healthy and able to move around. They preferred to live with their children when they were unable to live independently, and expected their children would care for them. According to a Malay woman, although living with children was much safer, this was not so with all her children.
Though some of my children invite me to stay at their houses, I don’t feel comfortable to stay in yet. I may visit them but not stay in.

The majority of the female respondents preferred to live in their own houses or houses built by their late husbands. Sivam and Karuppannan (2008) having similar findings cited that the majority of elderly people in their study preferred living in their family homes because they did not like to move or were unable to move due to a number of constraints such as financial problems, lack of public transport, and inaccessible to services within walking distance. However, the more important issue was the sentimental attachment they have to their present home and the social network they have previously established with their present neighbourhood.

Two Malay elderly respondents said that they chose to live with their children because they expected their children to care for them when they were ill or unable to live independently. This view was shared by another Indian respondent, who was confident that her children would take care of her when she was in poor health. Another Indian respondent who was living alone did not mind living with her children. But she preferred to live alone because this honoured her independence and the freedom to move around. The third Indian respondent preferred to live with her son because she gave importance to family ties and attachment. For her, strong family ties obliged children to take care of parents willingly, especially when they were in poor health. The following quotation illustrates two elderly Indian’s views about the importance of family relationships:

I prefer to stay with my son now. I did not order him to take care of me, but he chooses to take care of me at my old age...

I like to stay with my child because I’m taken care with full of love. I did not impose to this child but he decided to take care of me willingly.

Malay and Indian respondents’ views were not much different to the Chinese respondents’ views on the preference of living arrangement and family relationships. However, the Chinese respondents preferred their sons and daughter-in-laws to take care of them when they were ill and immobile. These views was quite different from the Malay and Indian respondents, who were indifferent whether the caregivers were their sons or daughters, and were not concerned about which child would take care of them. The following quotation illustrates the subject of family relationships in the Chinese culture:

Must be with the children because the children have grown up and they should take care. I don’t mind, who takes care of me, for me they are all the same. But it would be difficult for my daughter to take care of me, because she has her husband and family to take care … Now I’m living with my unmarried daughter, who is working near here, so she is looking after me now.”

Almost all respondents expected their children to take care of them when they were sick or immobile. The Chinese respondents further suggested that for other children, they should give emotional support and shared the responsibility of taking care of their elderly parents, rather than leaving the burden of caring to one child only. In Alavi’s (2011) study, elderly Chinese expected their children to give them emotional support such as talking to them, listening to their grievances and problems, and advising them in religious and spiritual matter. The Chinese respondent also suggested one should not be too fussy when living with children and should tolerate with their busy lifestyle. She described her view as follows:

Any child will do … I do not mind, as long as there is someone to take care of me. I’m already old and cannot be choosy, take as it is. Eat and drink what they serve us. If possible other children should visit, but I know they are busy with their work and do not live nearby.
Although most Chinese respondents expected their sons to take care of them, but in reality this did not turn out to be so. Several respondents have given their views as the following:

If possible, I would like to live with my son and not with daughters or any institution caring for the elderly. I have to live with my daughter, though not my choice, as the others did not offer me to stay with them.

I would like to live with my sons and not with daughters or any institution caring for the elderly. I chose to stay with my daughter as I feel uncomfortable staying with my other children.

The second theme of this paper was assessing the respondents’ perceptions regarding the care from family members, community, and care institutions. The respondents, regardless of their ethnic group were contented to be cared by family and community rather than having institutional care. According to a Malay respondent, if their relationship with their children was good, there was no need for them to live in a nursing homes, except if their children could not afford care, or if they could not get along well with their in laws. The following are some of the excerpts documented during the in-depth interviews with several Malay respondents:

Our children are there for us ... and they can afford to take care of us. Unless they are unable to take care... or dislike ... we’ll end up at nursing homes. I prefer to stay with my children as they treat me well. They is good and do well always and remember me in whatever he does. Not all children are like that. They give me money, medicines, and wherever they go, the buy gifts for me.

Another Malay respondent said that he could not imagine himself living in a nursing home. However, he was rather open to the possibility of staying away from family. He may choose living in the “Pondok” – an Islamic care centre where he can pursue learning the Quran. He commented that:

I cannot imagine ... If I select, it will be the “pondok”, can learn to recite the Quran ... None here at the moment ... if there is I might consider. I have not thought about getting into the old folks home.

Another respondent stated that it was better for the elderly to live at home with their children. This was because the children know their likes and dislikes, and would shower him/her with endless warmth and love till the end of their lives. According to him, no one knew the well-being of those who lived in nursing homes. Children who sent their parents to nursing homes were considered disrespectful. In this regard, he said the following:

Definitely different ... if stay with children they know our needs and we know their needs. There will be affection... In old folks home there is no affection ... no one knows whether we are dead or alive... I do not want my children to be uncaring.

The Indian respondents’ views were no different from the Malay respondents, where they agreed living with children was better. The respondents stressed that they have taken good care of their children and expected the same
treatment from their children when they grew older. According to an Indian respondent, the aged would yearn for love and affection from family and community. In his opinion, children were obliged to fulfill the needs of their parents as how their parents have provided for them when they were young. This view has been documented as follows:

I don’t have to live in nursing homes, as my children will look after me very well ... I raise them without discriminating them. I intend to stay with my children.

I do not expect anything ... I also do not expect that children will take care of me ... I love to be independent. Living with children is better than living at the institution. We will lose the love of family ... we will lose touch with the outside community ... we will be alone. In my opinion children should invite their parents to live with ... parents should not ask their children to take care of them. Children should understand the needs of their parents. If the relationship severs then the parents have no choice but to stay in the institution.

Another two Indian respondents have similar views on the living arrangement preference and family relationship expectation in elderly life. Both the elderly have never considered living in a nursing home, and hoped to live with their children. One respondent said that he has nine children who were responsible to take care of him when he was ill or incapable. The following excerpt illustrates this idea:

I intend to live with all my children. Never thought of living in institutions and do not like to live in such places. But I leave it to God....

I never thought about those old institutions. I never imagined living in an institution because I feel my children should be responsible to take care of me in their homes. I make sure my children will know their responsibilities from young. The best care for older people comes from their children. Parents need care and attention like a baby. The older they are the more sensitive they become....

Another Indian respondent agreed that the care from family was better than institutional care. In his view the family relationship was unique and precious, which has to be nurtured from young. He pointed out that, those living in care institutions have to interact with the same cohort, whereas living with family and community; they can spend time with a different group of people. He also suggested that living in institutions would make one feel lonely and sad for not being able to be in control of their own affairs.

Good care comes from family, where elders are appreciated. Family relationship is unique and valuable. If I had to stay in institutional care, I would feel sad for not being able to do the stuff I would do at home. I will just mingle with other elders. At home, I have children and grandchildren who bring cheer to my heart.

Chinese respondents’ views were not much different from the Malay and Indian respondents about the care of the elderly by family or institutions. All Chinese respondents indicated that they expected to stay with their children and grandchildren and helped them around the house. They have raised their children with great struggle, so it was impossible for their children to send them to the nursing homes. Nursing homes may be the option for the elderly who were very sick and bed ridden. The statement below explains the following idea:
Yaa ... if we stay together we can look after each other. If in institution, no one knows we are alive or dead. Chinese prefer to die at his or her own home. I wish to die at my home. There are too many people to look after at the nursing home. I’m still strong to help around with chores in the house. They (children) know what I like or dislikes ... I don’t like old folk home as it is usually dirty.

Sure to live with the children ... but hard to say. Well if we are healthy, that’s fine ... If sick and bed ridden nursing home is the place ... I do not wish to make life difficult for my children. ... I’ve never been to nursing home, so not sure how it looks like. I wish not to be there. I’ve raised my kids and I don’t think they will abandon me there. ... I wish to stay here for the rest of my life....ample space for my children and grandchildren to visit me.

Research findings of Lee (1997) and Farrar et al. (1964) indicated that moving into nursing home yields a sense of failure to the elderly parents and results in lack of respect for their children (Lee, 1997). Transition to nursing home and its environment has been widely accepted as a challenging event in the life for the elderly. As a result the elderly may be blanketed with the feeling of fear and anxiety (Farrar et al., 1964). Rebecca et al.’s (1997) study found that participants considered nursing homes as places of last resort, to only be used if they were physically and mentally incapacitated, or alone with no family support. The results are similar to the study by Rebecca et al. (1997) in which the Chinese respondents expressed negative views about life in the nursing home such as poor care, profit oriented, dirty environment, too crowded, reduced contact with family, and community. These negative perceptions quotes are as follows:

I don’t like to stay elsewhere. If I have to go to the nursing home, I will feel sad and lonely.

I feel that these institutions are more profit oriented rather than concern for care. In fact, these institutions are crowded and not everyone is getting enough attention.

The majority of the respondents have negative views about care institutions. It was described as a “dump” where the old folks were incapable of carrying out daily activities and literally waiting for their death. The inmates felt emotionally disabled, lonely, and sad living in such institutions. Several studies have proven that elders view the admission into the nursing homes with feelings of disregard, pressure, uncertainty, loss of their comfortable home environment, and lack of opportunity to communicate with family and friends (Chenitz, 1983; Brooke, 1989; Greene and Dunkle, 1992; Mikhail, 1992). The respondents rejected the placement of elderly in the care institutions due to cultural and religious constraints. On the other hand, not every child or adult can afford to give the care and protection to their parents. In addition some elderly preferred to live independently and did not want to rely on their children. The research found that there was a gap between the needs of the elderly and the ability of their children to fulfil the needs. The gap identified was the quality and management of care provided to the elderly, which can be improved through understanding the concept of aging in community.

CONCLUSION

Almost all the respondents refused to stay at nursing homes caring for the elderly, regardless of ethnicity. Malay and Indian respondents’ believed that since they have taken care of their children when they were small, it was time for the children to reciprocate when the parents were old and disable. They hoped at least to stay near
their children. This was to provide personal, emotional and physical support, especially in times of crisis. Family institutions are main sources in providing care for the elderly in the community, especially in terms of shelter, safety, provisions, healthcare, financial, and emotional support. Family’s support and care are also important factors in enhancing the well-being of parents compared to the formal care provided in hospitals, nursing homes and so forth. The researchers would like to recommend the care system based on the concept of aging in community, which emphasizes collaboration between the child and adult, community and government. The focus of aging in community is to develop an infrastructure to facilitate the sharing of strengths among generations and promote self-determination, community participation, and lifelong personal enrichment. Managing care for elderly in the community can also encourage social interaction, intergenerational relationships, and better diet monitoring for the elderly. Thus aging in community is a better option to formal care given by institutions and hospitals to the elderly.

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REFERENCES


