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Family caregiving of the elderly in the U.S and Nepal

By

Barsha Kharel

Alternate Plan Paper Proposal submitted in Partial Fulfilment of the

Requirements for the Degree of

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Family caregiving of the elderly in the U.S and Nepal

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ABSTRACT

In an aging society, family caregiving is becoming an increasingly important topic. Elderly adults often rely on their family members as the primary source of support as they age. This paper presents a systematic literature review of family caregiving practices for the elderly in the U.S. and Nepal. The aim is to explore the differences and similarities between the two countries in terms of family caregiving practices for the elderly. The review includes five initial literature sources and identifies two common themes: first, both societies consider family as the main source of support for the elderly, and secondly, elderly people tend to live independently in the U.S. while they live with their children in Nepal, as children are viewed as a form of insurance for their care. Additionally, 16 more pieces of literature were reviewed, revealing that both sons and daughters equally play a role in caregiving for their elderly parents in the U.S., while sons and wives are primarily responsible for elderly parents in Nepal. Moreover, the study found that access to healthcare for the elderly is far better in the U.S. compared to Nepal, where 85% of the elderly lack health services. The factors that affect family caregiving in both countries were found to be family culture, economics, and access to healthcare. Age line, SAGE, Google Scholar, and PROQUEST were used as sources for family caregiving practices in the U.S. and Nepal. The study provides valuable insights into the trends and factors that influence family caregiving for the elderly in the two countries. This paper is expected to be useful to younger generations in both societies, helping them understand the care and support needed by older adults as they age. The paper also highlights the existing problems that individuals may face as they enter the elderly phase and begin caring for elderly family members. Overall, this systematic literature review offers valuable information on the similarities and differences in family caregiving practices between the U.S. and Nepal.

Keywords: elderly, factors, family caregiving

CHAPTER 1: INTRODUCTION

Population aging is occurring around the globe at different rates. Every country in the world is expected to experience a substantial increase in the proportion of the population aged 60 years or over, regardless of a nation's level of development (Nations, 2019). This aging of society will result in more people over the age of 65 years (Arrigoni, 2020). Elderly people experience certain health problems at higher rates than younger people, such as cancer, hip fracture, stroke, or dementia. Older adults are more likely to have comorbid conditions, leading to higher care and support needs. Due to longer life expectancy, the proportion of people over 60 will grow from 11% to 22% and will be 26 times higher than it is today by 2050 (Pacific, 2018).

The distribution of the population in the United States has shifted rapidly in the number and proportion of the population aged 65 and over. This subgroup has grown faster than the rest of the people in recent decades, will continue to grow more rapidly than the current rate for the remainder of the twentieth century, and is expected to continue to increase well into the next century. Between 1950 and 1980, the population aged 65 and older more than doubled, from 12.3 million in 1950 to 25.5 million in 1980. During these 30 years, the percentage increase in the number of elderlies was 74% larger than for the population under age 67-108 % compared with 62 percent. The rise was the largest for the oldest old aged 85 and over, a 281 % increase from 577,000 to 2.2 million in 1980 (*The Aging Population in the Twenty-First Century*, 1988). These demographic changes will challenge the healthcare systems of the future. Advances in technology and medicine and increasing costs will shift institutional care to outpatient care settings.

As a result, the demand for home healthcare will rise, as will the complexity of such care. So, family members provide caregiving, allowing elderly adults with declining health and

increasing frailty to remain in their homes; caregiving of more senior people becomes a task of family caregivers in collaboration with home care nurses. In both acute care settings and long-term care facilities, it has been shown that family members prefer to be involved in decision-making and care planning (Scommegn, 2016)

The aging population has been increasing worldwide, including in the U.S. By 2030, one in every six people will be 60 or older (Engelman, 2014). Furthermore, modern societies and the increasing diversity of elderly populations may increase the demand for family caregivers due to modernization and people's migration to different countries. While the need for caregiving is rapidly growing, the pool of potential family caregivers is shrinking (Schulz & Eden, 2016). Families have fewer children, and elderly adults are likely to live separately from their children in the United States (Schulz & Eden, 2016). The rapid growth of the aging population and the concurrent socio-demographic development related to the influx of diverse population groups in modern societies call for examining culture-specific value systems in different societies, such as the U.S. and Nepalese societies (Chong and Lin, 2012). This would help better understand the aging process, issues, and elderly needs regarding family caregiving in different communities and societies. Further, an analysis of family caregiving to elders from a cross-cultural standpoint would help us understand the factors that contribute to and challenge what is faced by the elderly in terms of the healthcare system and economic level. Current literature also emphasizes exploring various factors, similarities, and differences to improve the understanding of family caregiving in societies and the development of services and policy decisions, particularly in the health sector ((Berger, 2017).

This Alternate Plan Paper (APP) focuses on family caregiving to elders in U.S. and Nepalese societies. Particularly, this proposal plans to conduct a comprehensive review of the literature to explore two major questions:

1. What have been the family caregiving practices to eldering in the U.S. and Nepal?
2. What are the differences and similarities between family caregiving to elders in the U.S. and Nepal?

Exploring these questions should help us better understand the issues and needs of the elderly population and how we could develop better services for them.

This APP provides an overview of aging in the U.S. and Nepalese countries, focusing on family structure and cultural norms surrounding care for elders. The definition of elderly and family caregiving is explained, and a literature review is conducted on family caregiving practices in both societies. The methodology used for the study is presented, and the findings are analyzed using a thematic table. The article also highlights the similarities and differences in family caregiving practices between the U.S. and Nepal and the factors that influence caregiving for elders. Finally, the benefits and limitations of the research are discussed.

Study Background

At this point, the proportion of the population aged 60 and up will rise from 1 billion in 2020 to 1.4 billion worldwide. By 2050, the world's population of 60 and up will have doubled (to 2.1 billion). The number of people aged 80 and up is expected to triple between 2020 and 2050, reaching 426 million (WHO, 2022). Individuals 60 years and older are considered older people in Nepal. In recent decades, the life expectancy of the Nepalese has been increasing rapidly, and the elderly population growth rate is higher than the total population growth (Singh et al., 2021). According to the U.S. Census Bureau, by 2050, the total number of adults 65 and

older will rise to 85.7 million, or roughly 20% of the overall U.S. population (*Census Bureau Releases New Report on Aging in Asia, 2022*).

As the aging population is increasing globally, living arrangements for the elderly are becoming extremely important in both the U.S. and Nepal. They are expected to be cared for by their family. However, problems concerning household structure, care, and support for older persons in different countries are becoming increasingly important as the proportion of older persons increases. So, to look for their needs and help elderly people, family caregiving is important in caring for elderly adults. Traditional family values, including revering elders and providing care and support to the elderly, are considered a social norm and a moral duty for family members, especially in Nepalese society. The amount and type of care provided by family members depend on economic resources, family structure, quality of relationships, and other demands on the family members' time and energy (Hurst, 2022).

In mainstream American culture, elderly adults tend to live independently and alone. In the U.S., adults 65 and older are more likely to live as a couple without adult children at home than their counterparts worldwide. Almost half of Americans in this age group, 46%, have a home with only one spouse or partner within an hour of extended family (Hurst, 2022). On the other hand, 31.9 percent of the adult population live in a "shared household" where two or more un intimately attached adults live in the same home (Kiger, 2018). When they become sick and seek help, their young children and other family members look after their needs. Adult children provide caregiving despite time, distance, or competing responsibilities. Adults offer social support in many ways, like shopping, transportation, paying bills, and personal care. When elderly adults need assistance, they move into their daughter or son's house rather than be admitted to long-term care facilities or assisted living.

In Nepal, more than 80% of elderly people live with their family members throughout their life (Singh et al., 2021). The cultural norm is that the daughter-in-law provides the most primary caregiving to her husband's parents. Once they get married, daughters move to their husbands' homes; caring for their husbands' families is their major responsibility. Culturally, caring for elder parents is regarded as a responsibility of children, mainly sons. But, recently, with the nucleation of family and permanent migration of the sons to foreign countries, daughters taking care of their parents are also increasing. Elderly people in Nepal prefer to live with their children. However, the traditional support system is changing in the 21st century due to globalization and the increase in the mobility of younger generations, and they're engaging in their work. Nursing homes have been established so that elderly people can spend some time in doing gardening, reading holy books, and sharing life stories, and someone will look after them. Also, the government of Nepal does not adopt social security and traditional living arrangement for elderly people in a promotive manner by making it more reliable as many people are going to live either with their spouses or alone in the upcoming days.

Operational Definitions

Elders: A person aged 65 years and older, including men and women

Family caregiving: Any person in the family who has a significant personal relationship with and aids an older person with daily activities and as well as with chronic or disabled condition. These individuals may be those who live with or are separated from their more aging parents.

CHAPTER 2: LITERATURE REVIEW

Literature Background

This literature review will focus on the caregiving practices among the U.S. and Nepalese societies and the factors influencing family caregiving to elders. Factors such as family support, the economic status of elders, and access to healthcare for the elderly are the highest priority for family caregiving. Furthermore, this review also presents a systematic review of the previous family caregiving research in the U.S. and Nepal. It explains the differences and similarities of family caregiving in these two different societies.

Family Caregiving Practices to an Elder in the United States

Millions of Americans provide care and support to their elder parent who needs help because of a limitation in their physical, mental, or cognitive functioning (Schulz & Eden, 2016). Also, most of the care that allows elderly people to live in their homes is provided by family members who do not receive payment for their services (Scommegna, 2016). Family caregiving is more intensive, complex, and long-lasting than in the past, and caregivers rarely receive adequate preparation for their role. As a society, we have always depended on families to provide emotional support and to assist their elder parents, grandparents, and other family members when they can no longer function independently (Schulz & Eden, 2016)

Family caregivers may live with, nearby, or far away from the care recipient. Regardless, the family caregiver's involvement is determined primarily by a personal relationship rather than financial remuneration. Their care may be episodic, daily, or occasional, and of short or long duration. The family caregiver might help with simple household tasks and self-care activities

(such as getting in and out of bed, bathing, dressing, eating, or toileting) or provide complex medical care tasks (such as managing medications and giving injections). For instance, an elderly adult may have dementia and, thus, require a caregiver's constant supervision and involvement in helping them in their daily activities (Schulz & Eden, 2016). Additionally, caregivers facilitate access to medical appointments and assist with medication management. Family caregivers help elderly adults, including those with mental illness, by scheduling and accompanying them to appointments, supporting them with medical decision-making, picking up prescriptions, and monitoring care quality (Grossman & Webb, 2016).

Family Caregiving Practices to an Elder in Nepal

Nepal is rich in the culture of showing respect to the elders and taking care of them in their old age. In the Nepali family system, the most senior member is considered the head of the family. Elder people may become physically and mentally weak during this stage of life. They want to depend on their family for full support, love, and care. Elder adults need helping hands to take care of them daily. They are vulnerable in this state and are at high risk of diseases and disabilities. The daughter-in-law provides primary caregiving. Once daughters get married, they move to their husband's homes, and taking care of the husband's families is their major responsibility. In Nepalese society, culturally, caring for elder parents in all aspects (physically, financially, and emotionally) is viewed as a responsibility of children, mainly sons (B & Hn, 2020).

In modern times, daughters also show equal concern and care toward their parents and in-laws (Kunwar et al., 2020). However, due to the increase in nursing homes and busy schedules, most children put their elderly parents at old age care homes (daycare) where all the senior citizens come together and sing the songs of the Lord, chat with other residents, and bask in the

sun. Some female residents also weave baskets and twist cotton into wicks for oil lamps to pass their time. The organization serves two meals daily, with light snacks in the afternoon (Aryal, 2019). The staff and the young volunteers help the elderly people bathe and wash their clothes. Seventy-eight percent of elder adults reported living with family members, while 12% lived only with their spouses. Thus, 90% of older adults were living with family. Only 6% reported living alone (Tausig & Subedi, 2022) and others (0.9%) (Singh et al., 2021). Additionally, some children provide respite care to their elderly parents, where they hire nurses or caregivers who will look after their parents when they are not home. Studies show more than 80% of the elderly live with their children, and taking care of the elderly is generally considered the responsibility of family members (Shrestha et al., 2021).

Factors influencing family caregiving to elders.

Social support from family:

The family is the main social supporter of elders in the United States and Nepal. As they grow older, family support can play an important role in the health of elderly people. Spending time with friends and family can improve one's overall quality of life, including physical and mental health. Support from friends or neighbors is especially important for elder people because it is flexible and allows them to be understood and share their experiences (Dai et al., 2016). Since most of the adults' children are working people, family caregivers to the elderly can be challenging, especially working ones. But they still provide care to their elderly parents, despite their busy schedules. For instance, over nine in ten current family caregivers (92%) support respite care or short-term help from a home health aide to manage their working and caregiver pattern (Cantave, 2020). Family caregivers may live with, nearby, or far away from the care recipient. In the United States, not every family member cares for their elder partner. Especially

children and partners provide caregiving to their elder adults, but sometimes friends, or neighbors are involved in providing care to elderly people (Schulz & Eden, 2016). It is common for elder adults to receive care from multiple family caregivers, who may provide support intermittently, daily, or on occasion, for varying lengths of time. Family caregivers are crucial in assisting older adults with various tasks, from basic household chores to more complex medical care needs. Caregiving responsibilities for elder adults can involve multiple charges, including assisting with daily living activities like bathing, dressing, and eating, as well as more complex medical care duties such as administering medications and injections. The care provided by family caregivers to elder adults can vary greatly in terms of duration and complexity, ranging from short-term assistance with simple tasks to ongoing support for complex medical needs.

In Nepalese culture, caring for elder parents is considered a responsibility of children, mainly sons. It is the cultural norm that elder people in Nepal prefer to live with their children throughout their life. Aging parents especially live at their son's houses, despite the sons getting married. It is not in the Nepalese culture that elder adults live separately. However, recently, with the nucleation of family and permanent migration of the sons' families to foreign countries, daughters are taking on more responsibility for their parent's care. The sons, daughters, and daughters-in-law provide equal respect to their elder parents. The conventional support methods are being transformed in the 21st century, largely due to globalization and the younger generation's greater mobility and commitment to their careers. Most of their children keep their elder parents in an aged care home or provide respite care to provide a comfortable life (Kunwar et al., 2020).

The economic status of elders

Elderly individuals have a right to the highest attainable standard of health. Elderly care is the fulfillment of health and social needs, and there are requirements unique to elderly individuals, which include assisted living, adult daycare, long-term care, nursing homes, hospice care, and home care. Family caregivers spend over \$500 billion annually on costs associated with providing care to their recipients in the United States (Cantave, 2020). These costs may create an additional burden for caregivers from low-income families compared to higher-income families. Over 15 million elder adults aged 65+ are economically insecure, with incomes below 200% of the federal poverty level (*Get the Facts on Economic Security for Seniors*, 2022). Approximately one in three older persons with chronic illnesses (e.g., arthritis, diabetes mellitus, asthma, cancer) and low socioeconomic status cannot afford food and prescribed medications.

Most of the elderly adults in Nepal live in rural areas, depending upon their agricultural profession and living in poverty due to a lack of access to resources and income generation activities. Moreover, a pension provides a sense of security for elder adults. Pensions are safe income for the remainder of life after retirement. The Nepalese government provides pensions for government employees. The elderly uses their pensions for daily living, medical supplies, and religious work. In Nepal, only a few older adults (less than 7%) benefit from this pension system. The bulk of the population of Nepal receives no pension and must depend on familial support and personal savings, or they may continue to work (Pacific, 2018).

Access to Health Care System for the Elderly

The health sector understands how the healthcare delivery system serves the elderly. In Nepal, over 85% of older adults live in rural areas that are developmentally poor, lack public health care access, and depend primarily on traditional healing and superstitious beliefs. Especially in rural areas, elder adults tend to be illiterate, have limited resources, and have poor health and nutrition, leading to an increased burden of infectious and chronic diseases. Further, they lack access to general health and social services (Shrestha et al., 2021). Elder people in rural areas must walk for hours or days to access the health care system. But this is not a problem in urban areas. More aged care homes are being developed, and there is access to geriatric hospitals. There has been an effective use of the healthcare system by the elderly population in urban areas (Acharya et al., 2019).

Various health services can be provided, with different rules for each. For example, patients may have other access to primary care, mental health specialists, and orthopedists in the United States (Cutler & Wise, 2006). On average, elderly adults visit physicians' offices twice as often as those under 65, averaging seven office visits yearly (*Retooling for an Aging America*, 2008). Though there are services for health care in the U.S., most of the elderly prefer caregiving from family members. The informal caregiver (usually family or friends) plays an important role in United States health care; 23% of Americans provide some form of informal care (Balandrán et al., 2021).

Literature summary

In summary, research on family caregiving to the elderly has revealed that family caregiving depends upon family structure, norms, and culture, which differ in different countries (i.e., the U.S. and Nepal). But the children's care and love for their older adults are the same.

They assist in their daily activities and support them physically, emotionally, and financially. Moreover, they also help with scheduling health appointments. Various factors that influence family caregiving are family support, economic status, and the healthcare system for elderly populations. However, some of these factors vary in the U.S. vs. in Nepal. Family support to the elderly in both countries is seen as satisfactory. Though there is a varied family size, the care provided to the elderly is the same in both countries, but it depends upon their cultures. Looking after elders' daily living activities and helping them financially and emotionally is the same. In the United States, family caregivers spend over \$500 billion a year in costs associated with providing care to their care recipients.

Moreover, the economic challenges elderly adults face is often compounded by the financial constraints of their caregivers. For instance, low-income families may experience a greater burden in meeting care costs than those with higher incomes. This is especially true for the over 15 million elder adults aged 65 and above in the U.S. with incomes below 200% of the federal poverty level. A similar situation exists in Nepal, where most elderly people, living in poverty due to a lack of access to resources and income generation activities, reside in rural areas and depend on agriculture for their livelihoods.

In addition to providing security for older adults, pensions offer a reliable source of income for individuals during their retirement years. In Nepal, for instance, the government provides pensions to support the elderly in their daily living, medical needs, and religious practices. However, only a small fraction of older adults (less than 7%) in Nepal benefit from this system, given the overall poor economic status of the country. Moreover, access to the healthcare system in Nepal is less developed compared to the United States, especially in rural

areas where older adults have limited resources and access to health and social services. As a result, the demand for family caregivers is higher.

In contrast, such issues are less prevalent in urban areas. As the demand for healthcare services for the elderly continues to grow, many nursing homes are being established to provide convenient access to various medical services. This includes checkups, looking after their needs, and helping them in their daily activities. However, due to unmanageable services, the elderly hesitates to take benefits. In the United States, these services have been rising to cater to the increasing needs of older adults.

CHAPTER 3: METHODOLOGY

Designs and methods

A systematic literature review was conducted to ensure a comprehensive and unbiased search and assessment of studies involving people of both societies as family caregiving in the U.S. and Nepal. Also, a systematic search of databases (Age line, ProQuest, SAGE, Google Scholar) for literature was to address the research question. Furthermore, additional articles were identified by manually reviewing the reference lists of the included papers. An updated literature search using the same methodology was conducted. The method used was a systematic review and meta-analysis of the literature. I involved in screening, applying the eligibility criteria, and selecting studies for inclusion in the review, with the search strategy that was reviewed by the Alternate Plan Paper (APP) instructor for my M.S. in Aging Studies from Minnesota State University. Furthermore, additional articles were identified by manually reviewing the reference lists of included papers.

Search Strategy and study selection

Study selection and search strategy is an important step in the literature review process and should be carried out to ensure that the findings are credible and useful in informing healthcare policy, clinical practice, and future Research. The search and study selection consists of three steps:

Looking and searching for relevant papers and journals articles

I chose the article based on my research questions and narrowed it down by selecting articles focused on my topic. Articles were searched through an electronic database: - Age Line, SAGE, Google Scholar, and ProQuest. The age line provides all the articles related to gerontology. SAGE provides almost 50 articles, including a thesis and dissertation related to Family caregiving.

Google Scholar narrowed down articles based on search items focusing mainly on family members caring for elders, economic status, and social support. ProQuest sources provide almost 100 articles focusing on practices of family caregiving. Also, the search term used keywords such as elders, family caregiving, techniques, and factors influences.

Records of screening

The second step involves screening less than 15-20 papers to reduce the number of papers considered for review. I eliminated the remaining that did not specially include family caregiving to elderly people. The papers include the full text, scholarly peer-reviewed, English language, and published between 2006 -2022.

Implementing Inclusion Criteria

The third step involves the inclusion criteria using titles and abstracts. Studies included all the families that work as family caregiving who lived together or separately. The study was

mainly focused on caregiving practices, similarities, and differences. Studies that are focused on the United States and Nepal were included.

Data Extraction and analysis

The total number of articles hits was 150, which was narrowed to 18. Studies were extracted based on family caregiving to elders involved in caring for elders. Also, it focused on family caregiving practices and similarities and differences between family caregiving to elders in the U.S. and Nepalese societies. The sample population was family caregiving cared for and looked for their elderly parents.

Data analysis was done by complying with the findings from the 12 additional journal articles in an analysis table (see table:1 in the findings section next). The table explores the topics of family caregiving to elders in the United state and Nepal. Finally, the themes of the findings are mentioned in the table, which gives clearer information about the research topic.

CHAPTER 4: FINDINGS

This section presents the major findings from the systematic analysis of the peer-reviewed journal articles on family caregiving of elders published between 2006 and 2022. Table 1 below summarizes the studies on elderly caregiving by families in the U.S. and Nepal. Table 1 highlights the research topics, methods and data used, and major findings of the studies. Based on my reviews of these studies, I came up with the takeaways as themes of family caregiving in these two different societies. The table would help us understand the similarities and differences in family caregiving to elders in these two cultures, i.e., the U.S. and Nepal. It also describes what have been the caregiving practices of elders. Concurrently, the table represents the factors that influence the caregiving practices to elders at the family level.

Presentation of Findings (Table 1)

| Author | Title | Methodology | Findings | Theme |
|--------------------------|--|---|--|---|
| 1. Phar et al. (2014) | Culture, Caregiving, and Health: Exploring the Influence of Culture on Family Caregiver Experiences. | Qualitative focus groups with African American, Asian, and European Americans | In the U.S., society is diverse in race and ethnicity. Family caregiving depends on the following: a) Cultural embeddedness b) Cultural determinants c) Cultural values and norms | In the U.S., family caregiving of the elderly based on cultural values of race/ethnic groups. |

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| <p>2. Acharya et al. (2019)</p> | <p>Health Care Utilization and Health Care Expenditure of Nepali Older Adults</p> | <p>Cross-sectional survey N=401</p> | <p>In Nepal, a) Few elder adults have access to government healthcare. b) Rich avail private care</p> | <p>i) Institutional healthcare utilization is class-based. ii) Elders' care is family dependent</p> |
| <p>3. Grossman et.al (2016)</p> | <p>Family Support in Late Life: A Review of the Literature on Aging, Disability, and Family Caregiving.</p> | <p>Systematic literature review N= 97</p> | <p>In the U.S., a) Elder adults with disabilities are dependent on families for caregiving. b) Family support has both negative and positive impact on elder adults with disabilities. c) The working family has a negative impact on elder adults with disabilities.</p> | <p>In the U.S., The caregiving of elder adults with disabilities is dependent on family support.</p> |

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|--------------------------|--|------------------------------------|---|---|
| 4. Ghimire et al. (2020) | Adult Children's Migration and Health-Related Quality of Life Among Older Nepalese Adults. | Cross-Sectional survey N=260 | In Nepal, a) Elders are dependent on their male adult child for caregiving support. b) When the son migrates to the cities or abroad, it negatively affects the well-being of the elder parent. | In Nepal, Caregiving of elders depends on their relationship with their adult children. |
| 5. Scommegna (2016) | Family Caregiving for Older People | Systematic literature review N= 38 | In the U.S., a) Families provide the bulk of the informal care of the elderly, e.g., bathing, cooking, and medication management. b) Caregiving of elders is costly for families. | In the U.S., elderly caregiving is costly for the family caregivers |

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|------------------------|---|--------------------------------|--|---|
| | | | c) Family caregivers often had to quit jobs for elderly caregiving | |
| 6. Campbell. al (2020) | Oklahoma Caregiving Survey: The Family Caregiver Profile. | Stratified random sample N=475 | In the U.S., a) 78% of elders reported that their family members or friends living with them are family caregivers. b) Caregivers tend to be involved in health improvement services like respite care and training courses. | In the U.S., Family caregivers care for their elders' parents. |
| 7. Engelman (2014) | Global Ageing: Demographic and Ethical Challenges to | Online Survey sample N= 105 | a) The aging population is increasing globally. b) Aging populations are heterogeneous among countries. c) Low-income countries should establish | Elderly-friendly policies and practices are essential in low-income countries |

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|--------------------------------|---|--|--|---|
| | Population Health and Development Policies | | elderly care policies within human rights guidelines and ethical considerations. | |
| 8. Shrestha et.al (2021) | Elderly Care in Nepal: Are Existing Health and Communit y Support Systems Enough. | Literature from Peer- viewed articles N=35 | In Nepal, a) Elderly health care is given mostly through traditional practices in their families. b) Communities and individuals' partnership are required to build healthcare institutions. | In Nepal, elderly caregiving uses mostly conventional healing practices. Family and community partnerships are needed to develop institutional systems of caregiving. |

| | | | | |
|-------------------------|---|---|---|--|
| 9. Singh et al. (2021) | Living Arrangement of Older People: A Study of Community Living Elderly from Nepal. | Cross-sectional Survey N=1326 | In Nepal, a) 81.3% of elders live in families. 11.6% with the spouse, alone (6.2%), and others 0.9% b) Nowadays, elders living in old age care are increasing. | Traditional living with elders is being decreased. |
| 10. Aryal (2019) | The Economic Status of Elderly People in Nepal | Secondary data collection from 1954 - 2011(Government Data) | In Nepal, a) The government provides an old-age monthly allowance of Rs 1000 (approximately \$ 10). b) The elderly do not receive social security services. | Social security in Nepal is not developed. |
| 11. Quinn et al. (2020) | The Economic Status of the Elderly | Secondary data collection from 2014- | In the U.S. a) Individuals' care during old age depends on their | In the U.S., the elderly is affected by the individuals' |

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|--------------------------|--|--|---|---|
| | in the United States | 2021(Social Security Collection) | <p>economic status affected by income, education, and access to healthcare.</p> <p>b) COVID-19 affected the elders living under the poverty line.</p> <p>c) The concerns for social security and Medicare have been increasing.</p> | <p>economic status, i.e., income, education, and access to healthcare.</p> |
| 12. Culter et al. (2006) | The U.S. Health Care System for the Elderly. | Report from the National Bureau of Economic Research | <p>In the U.S.</p> <p>a) Insufficient numbers of care professionals for elderly</p> <p>b) Treatment of the elderly depends on location, specialization, and specific needs.</p> | <p>In the U.S., insufficient care professionals affected elderly caregiving</p> |

Results

The U.S. is a country that values its diverse population, where people of different ethnicities and races coexist and collaborate. This diversity is evident in all aspects of American life, including how families care for their elderly members. The approach to caring for elderly loved ones can vary, influenced by cultural factors such as cultural embeddedness, cultural determinants, and cultural values and norms.

In Nepal, only a small proportion of the elderly can afford the government's healthcare, while financially well-off people can access private healthcare services. In the United States, elderly individuals are often equipped with social and financial assistance from their families, which can contribute positively to their overall well-being. The quality of care that elderly individuals receive significantly impacts their health.

In the United States, elderly individuals with disabilities often rely on their families to provide them with care. While family support can positively affect these individuals' well-being, it can also have negative consequences. Additionally, when family members are employed, it can lead to other negative impacts on the care of elderly individuals with disabilities. In Nepal, elderly individuals rely on their adult sons for caregiving support. When these sons migrate to urban areas or other countries, it can harm the well-being of their elderly parents. Still, it does not affect them with financial and economic issues.

In the United States, families play a significant role in providing informal care to the elderly. This care often includes bathing, cooking, and managing medication. However, the cost of providing this care can be high, leading to financial burdens for families. Additionally, caring for elderly family members often requires family caregivers to leave their jobs, leading to financial and personal challenges.

In the United States, a significant percentage of elderly individuals, specifically 78%, report that their family members or friends who live with them serve as their primary caregivers. These caregivers often engage in services to improve the health of the elderly individuals they care for, such as respite care and training courses.

Globally, the number of elderly individuals is on the rise. However, the characteristics of aging populations can differ greatly between countries. For low-income countries, it is essential to establish elderly care policies that adhere to human rights guidelines and ethical considerations to care for this growing demographic properly. In Nepal, traditional practices within families are the primary means of providing healthcare to elderly individuals. However, it is necessary to establish partnerships between communities and individuals to develop healthcare institutions to improve the quality of care available to the elderly.

In Nepal, most elderly individuals (81.3%) live with their families, while a smaller proportion lives with their spouse, alone (6.2%), or in other living arrangements (0.9%). However, there has been a recent rise in the number of elderly individuals living in old-age care facilities in Nepal. The Nepalese government offers a monthly allowance of Rs 1000 (about \$ 10) for elderly individuals. However, social security services are not available for the elderly in Nepal.

As people age in the United States, their level of care often depends on their economic status, which can be affected by factors such as income, education, and access to healthcare. The COVID-19 pandemic has exacerbated this issue, particularly for elderly individuals below the poverty line. As a result, there has been a growing concern for Social Security and Medicare, which are critical programs for supporting the health and well-being of elderly individuals.

The United States has a shortage of care professionals to support the growing elderly population. As a result, the quality and availability of care for elderly individuals can vary significantly based on their location, the specialization of care professionals, and their specific needs. These challenges highlight the importance of addressing the shortage of care professionals and ensuring that elderly individuals can access the care they need.

What have been the family caregiving practices in eldering in the U.S. and Nepal?

According to Pharr et al. (2014), in the United States, older adults typically desire to maintain their independence and avoid becoming a burden to their family members. They often live separately, within a short distance from their children's homes. Despite their busy schedules, adult children are family caregivers and provide their aging parents with various care, services, and support. The specific tasks performed by family members vary greatly depending on the functional needs of the elderly person. Assistance with daily living (ADLs) such as toileting, bathing, dressing, grooming, feeding, transferring, and access to medical services were the most reported tasks across different types of disabilities (Grossman & Webb, 2016).

In Nepal, cultural expectations dictate that older adults live with their children, specifically their sons, rather than their daughters (Kunwar et al., 2020). Caring for elderly parents falls on both the son and daughter-in-law. Parents see their children, especially their sons, as insurance for their old age, as there is no formal social security system. As a social institution, the family is the primary source of support and care for senior members, providing emotional, physical, financial, and spiritual support and helping them with day-to-day activities (B & Hn, 2020). The traditional family values of respecting elders and providing care and support to the elderly are considered social norms and moral duties for family members. Even when sons migrate to other countries for work, it does not significantly affect the caregiving of

elder adults. In traditional Nepali society, joint families are common, and there are family members who can physically, emotionally, and financially support and care for their elderly parents (Ghimire et al., 2020).

What are the differences and similarities in family caregiving in the U.S. and Nepal?

Differences in family caregiving in the United States and Nepal

In Nepal, the responsibility for caregiving often falls on the eldest son and his wife, who is expected to provide physical, emotional, and financial support to their aging parents. This can include assistance with daily activities, financial aid, emotional support, and companionship. The new wife must take over her husband's responsibility for caring for his mother. This is especially seen in rural Nepal, where less educated married women stay at home and help their elderly doing household chores and looking after them; conversely, sons go to work. Access to the health care system is limited in rural areas, but it is not the same for people in urban areas. Both sons and daughters-in-law have jobs in these areas and are responsible for caring for their elderly parents. They also keep the elderly parents in adult day care services and provide respite care where there is always looking for them and their needs.

In the United States, elder people usually live separately from their children's homes. They don't want to depend on their children and be a burden no matter how sick they are. This is sometimes the case, but not always. It depends on the family structure. But the children (daughters and sons) are often the daughters who care for their aging parents and are equally involved in caring for their elderly parents. Since the elderly live independently, the children visit them daily, look for their needs, and help them financially. It is done by both sons and daughters, as well as daughters-in-law. Additionally, they go to their home and aid in things like

cooking, finances, laundry, shopping, transportation, and access to medical services. Family members are involved if the parents need hospice care or palliative care.

Similarities in family caregiving in the United States and Nepal

In the United States, family caregivers often provide various personal care and household chores, including meal preparation, housekeeping, and transportation. Caregivers may also help with medication management and provide emotional support and companionship to their loved ones. Similarly, in Nepal, family caregivers, often the eldest son and his wife, provide physical and emotional support to their aging parents, including daily activities and financial support.

Moreover, caregivers facilitated access to medical appointments and assisted with medication management. Caregivers helped elderly adults, including those with mental illness, by scheduling and accompanying them to appointments, making medical decisions, picking up prescriptions, and monitoring care quality. Family members also provide companionship and emotional and financial support to their elderly parents who have gone through different acute or chronic disease conditions.

Limitations

The following study cannot be without limitations. Data are only focused on the family caregiving practices in the United States and Nepal. The major focus was limited to family members in the household settings. Similarly, age and gender were distinguished. More studies should be done on family caregiving for the elderly. Likewise, a survey of what the elderly think about family-giving practices was not included. Moreover, this study was also only limited to a literature review.

Benefits

Nationwide, family caregiving is not openly talked about. This topic can be considered important among all individuals and other family members to understand the importance of family caregiving to older adults and the need required when people grow older. Moreover, these studies can be used as a reference for future literature reviews to show an influencing factor related to family caregiving. In addition, more Research can be conducted on a larger scale within the countries.

Conclusion

In this paper, I provided an overview of aging and the rise of the elderly population in the United States and Nepalese countries, including family structure and caregiving norms. The statistics show that the proportion of the population aged 65 and up is expected to rise dramatically in the coming years. I also defined the terms 'elderly' and 'family caregiving' and reviewed the literature on family caregiving practices and factors that influence caregiving in American and Nepalese societies. While there are differences in family caregiving practices across the two communities, culture plays a significant role in the care provided to the elderly.

Furthermore, several factors influence caregiving practices for older adults, including social support from families, economic status, and access to healthcare services. I also described the methodology used for the study and presented the findings through a table, answering the research questions. The literature review revealed that family caregiving is increasing in both societies and is influenced by various factors that affect both the elderly and the caregiver. Finally, I discussed the limitations and benefits of the research.

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