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Circumstances Precipitating Rural Older Adults for Co-Residential Family Care Arrangements in Central Ethiopia

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Abstract

This study aims to explore circumstances that precipitate rural older adults for co-residential family care arrangements employing a phenomenological study method. Data from in-depth interviews with 12 rural older adults were inductively coded and developed into themes. Physical limitations and health problems, separation and divorce, death of a spouse, economic problem, neglect, inheritance dispute, and inaccessible locations are the circumstances that precipitate older adults to give up their independent living and start living with their children in the study area. The study points out to policymakers and other concerned bodies that actions must be geared toward maintaining a positive living environment for rural older adults and tackling challenges that are decisive in co-residential family care setting. Increasing health care accessibility, expanding senior/adult care centers and community health insurance programs, training geriatric social workers, enhancing collaboration between family caregivers and formal services, and provision of assistive devices for debilitating health conditions and subsequent disability will enhance the quality of life of rural older adults in co-residential family care arrangement.

Keywords

co-residential care, rural, older adult care, phenomenology, family caregiver, Ethiopia

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Introduction

The growing numbers of older adults live and obtain care and support from various sources. According to Z. Li (2015), older adults may arrange their living in formal institutions, with other people, or live alone. However, the majority of older adult people live with their family members as compared to those living alone and in institutions (Audinaryana et al., 1999; Govil & Gupta, 2016; Z. Li, 2015; Sereny, 2011). In Ethiopia, the number of people aged 60 and above is 3.568,810 million and this number accounts for 4.8% of the total population (Central Statistical Agency [CSA], 2007). The number is projected to reach 5,325,652 million in 2022. Among those, 78% and 22% will live in rural and urban areas respectively (CSA as cited in Ministry of Labor and Social Affairs [MOLSA], 2017). Most older adults in Ethiopia live in their own or family homes receiving support from their relatives (Abdi, 2012; Kifle, 2002; MOLSA, 2006; Samson, 2014). Mostly, older adults in rural Ethiopia obtain care and support from their extended family system that cannot be adequately substituted by any other entity (MOLSA, 2006).

In developing countries like Ethiopia where the system of public transfer for supporting older adults is inadequately established, the traditional system of care through kinship ties is vital for the well-being of older adults. However, although the majority of older adults in Ethiopia receive care and support through their kinship ties (Abdi, 2012; Help Age International [HAI], 2013; Kifle, 2002) studies tend to focus on older adults in residential care institutions with little attention to older adults living with their relatives (Messay, 2015), particularly to those who are dependent and in a co- residential living arrangement with their kin.

The need for care arises when an older adult is unable to perform required daily living activities by themselves. Changes in health, environmental, and

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economic conditions trigger support within families (Knodel & Chayovan, 2012). The onset of illness for many older adults is accompanied by an increase in support from their family members (Center for Policy on Aging, 2014). Moreover, physical problems and psychological complexities are reasons for older adults to receive care (Sigurðardottir 2013). The vast majority of research agrees that physical limitations particularly limitations in ADL increase the need for care of family members and increase the likelihood of older adults to co-reside with family members (Korinek et al., 2011; Li, 2015; Zhang et al., 2014). Moreover, the role of emotional closeness or emotional bonding (Firbank & Johnson-Lafleur, 2007; Romero-Moreno et al., 2010), and reciprocity of care (Hsu & Shyu, 2003; Mitchell, 2003; Ugargol & Bailey, 2020) is significant for co-residential family care.

Compare to married older adults; widowed, divorced, and never married are more likely to live and depend on their children (Audinaryana et al., 1999; Korinek et al., 2011; Meng et al., 2017; Ruggles & Heggeness, 2008). In case older adults have no financial resources, they depend on their relatives for accommodation of basic needs, and health care (Chirwa & Kalinda, 2016). Contrarily, strong physical and good health conditions on the part of older adults and the capacity to reciprocate appear as a precondition for care and support. A study in the Ethiopian context shows that economically self-sufficient, physically strong, and healthy older adults are more likely to receive support (Samson, 2014).

Studies also showed the socio-economic, psychological and financial, health, and spiritual needs of rural older adults. Older adults experience various physical and psychological problems (Hiremath, 2012) like joint pain and visual impairment causing dependency (Tiwari et al., 2010). The relationship of the caregiver to the care recipient, gender, caregiver's age, and socioeconomic status are some factors that define the context of caregiving in a co-residential care setting (Greenberg et al., 2006).

Limited financial resources of older adults contribute to marginalization and low social status (Cao, 2019) which might result in experiencing isolation(neglect) and subsequent loneliness. Furthermore, rural older adults have low literacy, income, and lack of ownership of land and live with socioeconomic hardship (H. Li & Tracy, 1999; Lowry, 2009; Panda, 1998).

The number of children, educational level, residential area, presence of health infrastructure and care facilities, and the values associated with filial piety affect older adult care preferences (Lu et al., 2020). In Ethiopia, basic services, health care, and recreational service are provided for older adults in institutions (Segniwork, 2014; Tewodros, 2016). Alemnesh and Adamek (2014), Eskedar (2015), Tigist (2015), and Bruck (2016) also conduct a study on the impact of institutional care and the needs of older adults living in residential care institutions. The basic health care services provided at the institutions are benefiting older adults (Eskedar, 2015) but are insufficient (Alemnesh & Adamek, 2014).

In Ethiopia, older adults in institutional care are at higher risk of experiencing isolation from family and local community, depression, lack of daily activities, and absence of social interaction (Alemnesh & Adamek, 2014; Bruck, 2016; Eskedar, 2015; Tigist, 2015). Getachew (2017) and Aynshet (2017) conduct a study on the living condition of homeless older adults and older adult beggars respectively. The studies revealed poverty, death, and distance from close relatives and lack of social support found to contribute to poor living conditions.

Hosseana (2017) explores care received by Italo-Ethiopian war veterans (1935–1941) and found that financial, material, transportation, health, and information assistance are provided by formal and informal care providers. Few efforts were made by Abraham (2017), Noguchi (2013), Fantahun et al. (2009), and Kifle (2002) in Ethiopia to study older adults in rural areas. However, older adults in rural areas and those living in a community are still among a hardly researched segment of the population in Ethiopia (Abraham, 2017; Kifle, 2002; Messay, 2015).

Despite its strain, families are resilient and kinship ties are still intact where the majority of older adults are living and receiving support from their informal networks in sub-Sahara Africa (Cohen & Menken, 2006). In Ethiopia, there is a common norm of the family system to provide care for older parents, particularly in the countryside (Abdi, 2012; HAI, 2013; Kifle, 2002; MOLSA, 2006). Apart from this fact, the existing academic literature focuses on urban older adults in institutional settings. There is a tendency in society to perceive older persons as frail and dependent which will pave the way for exploitation, neglect, and other forms of abusive experiences.

According to CSA (2007), in *Bassona Warana Woreda* older adults constitute 9.1% (11103) of the total population size. Based on the *Woreda* Finance and Economic Development Office report (2021) the number of older adults aged 60 and above is estimated to constitute 9.5% of the total population size which is substantially higher than the share of older adults at the national level (4.8%) from the total population size of the country during the 2007 census. Considering the scarcity of literature concerning family care and support for older adults in Ethiopia, this study will have an important contribution to the knowledge, practice, and policy arena of geriatrics in general and geriatrics social work in particular. It will fill the existing gap in the literature about rural older adults in Ethiopia living in a family care setup. The researcher anticipated that the study will provide baseline information on geriatrics and family care and this will initiate further studies on informal care. This study is motivated by a dearth of studies on older adults in the rural area living in family care setup and intends to understand study participant older adults' experience on circumstances that precipitate them for co-residential family care.

Objective of the Study

The general objective of this study is to explore and describe rural older adults lived experiences on the circumstance that precipitate them for seeking family care in a co-residential family care arrangement. Specifically, this study aims at describing the health-related and socio-economic circumstances precipitating rural older adults for co-residential family care arrangements.

Research Questions

1. What are the physical and health related circumstances that precipitate rural older adults for co-residential family care in the study area?
2. What are the socio-economic circumstances that precipitate rural older adults for co-residential family care in the study area?

Scope of the Study

The study is delimited only to those older adults living in co-residential family care arrangements at the time the study was conducted. The research also purposefully delimited to describe the lived experience of older adults by particularly focusing on the circumstances that precipitate rural older adults for co-residential family care.

Methods

Study Area

Although the exact number of older adults in *Gudoberet Kebele*(the smallest administrative unit in Ethiopia) is not known, based on the *Bassona Werrana Wereda*(the third level administrative division of Ethiopia—after zones and regional states) estimates of the share of the older adults from the total population (9.5%), it is estimated that 438 (4,608 × 9.5%) older adults live in the *Kebele*. The feasibility of the *Kebele* for conducting the study in terms of time and cost, as well as the familiarity of the researcher with the area contributes to choosing *Gudoberet Kebele* to conduct the study. According to the *Kebele* manager, the residents are agrarians who base their livelihood on agriculture. More than 99% of the residents are followers of Ethiopian orthodox Christian and *Amhara* ethnic group.

Study Design

The researcher collected the data through in-depth interview with rural older adult participants in the study area. Descriptive phenomenology design was used to explore and describe the lived experience of rural older adults by specifically focusing on the circumstances that precipitate them for a co-residential family care arrangement. As supported by Sloan and Bowe (2014) the researcher choose this design to explore and describe the experience of older adults as it was. In a phenomenological study, it is common to set aside theorizing/prior interpretation and give more emphasis to older adults lived experiences as it makes more sense to those who live those experiences. It's older adults' lived experience that owns their inherent structural experience in the study (Husserl, n.d. as cited in Dukes, 1984). Moreover, descriptive phenomenology uses bracketing or separating the researcher's view, values, and understanding of older adults' experience in co-residential family care (Nawaz et al., 2017). So, the researcher described their lived experience using language that mirrors the transformation of rural older adults' expressions into psychological expressions (Giorgi, 2009). Furthermore, bracketing was used during the interview and analysis of the study. Mizan-Tepi institutional review board has approved the study and confidentiality and informed consent were duly noted while collecting interview data.

The Sample

To decide sample size, the researcher has taken some issues, as suggested in phenomenology; into account. As Dukes (1984) indicated, the researcher gave much emphasis to avoid a predetermined assumption of what a researcher wants to witness and attention was given to what is there to be seen. In addition, samplings were also considered based on research questions (Bartholomew et al., 2021). Based on those considerations, 12 rural older adults in co-residential family care who were available during the data collection were interviewed.

The participants of this study are older adults co-residing and receiving care from their families in rural *Kebele* of *Gudoberet*. In line with the study's objective, inclusion criteria for selecting participant older adults are developed. The criteria used to select participants are (1) older adults aged 60 and above based on the UN definition, (2) older adults who are co-residing with their family caregivers receiving care, and (3) older adults who are willing and capable of giving information with consent.

Data Collection Procedure

By developing an interview guide, this study used in-depth interview to collect data from rural older adults. Phenomenology design requires a long interview in which data is collected through open-ended question after the interviewer develop an informal interactive relationship with rural older adults (Moustakas, 1994). To conduct the study, ethical approval was received from Mizan-Tepi University Institutional Review Board (IRB). Moreover, the researcher followed WHO (2007) Ethical and Safety Recommendations for exploring sensitive topics. Besides, this study was conducted per the Declaration of Helsinki. The researcher scheduled an appointment with rural older adults for the interviews in

their place of preference. They were informed that they have the right to refuse to participate or not to respond to specific questions in the interview process.

Furthermore, older adults were also aware and informed about privacy and confidentiality that their names will not be mentioned and the data they provided will not be used for other purposes. The interviews lasted from 40 to 75 minutes. All the interviews were conducted in Amharic which is the mother tongue of the participants. The interviews were audio recorded with the consent of participant older adults.

Data Analysis

The researcher started data analysis by organizing interview data from older adults and transcribing all audio recordings through the process of phenomenological analysis. By regarding every statement as relevant for the study, the researcher has horizonalized the interview data. From the horizonalized statements, listing the meaning or meaning units were followed. Afterward, by removing overlapping and repetitive statements, meanings were clustered into common themes (a collection of similar data sorted into the same place) and categories; a meaningful "essence" that runs through the data (Morse, 2008). Next, these clustered themes and categories were used to develop the textural descriptions of rural older adults in a co-residential family care arrangement. From the textural descriptions, structural descriptions, and integration of textures and structures into the meanings and essences of the lived experience of rural older adults circumstances precipitating for co-residential family care are constructed (Moustakas, 1994). As discussed in the study design, the aim of this study is not about theorizing by prior interpretation. So, data collected from rural older adults are inductively coded.

To increase the quality of data, the researcher has listened to audio records of all participant older adults repeatedly. Peer debriefing was done by sharing some of the data and analysis for colleagues to get their constructive comments. Finally, the researcher also has shared the analysis with rural older adult participants of the study to make sure whether the analysis is a true reflection of their lived experiences.

Findings

Older adult participants in the study leave their own homes or place and shift to co-residential family care. They left their original home for different reasons and the number of years they lived in their children's homes ranges from 2 months to 23 years. For a better understanding of their background; the socio-demographic characteristics of older adult participants (Table 1) are provided below. Moreover, through the findings, pseudonyms are used to describe older adults' experiences.

Physical Limitations and Health Problems

One of the reasons for shared living is the functional limitation of older adults to carry out activities. *Bogale, Haile, Mekonen, Desta*, and *Yeshemebet* are among the participants who stated their decision to co-reside with their adult children resulted from physical decline to run daily life independently. Their main source of livelihood is agriculture which requires intensive physical work. However, as they progress in their age, they were unable to cope with the demands of agricultural work. Thus, they decided to transfer all of their possessions, including their land, to nearby children with the expectation of their children administer their property and sustainably care for them.

> *When I turn seventy, I lost my strength. I was unable to till the stony farmlands and look after the cattle. Then, I decided to sell the cattle and pledged the farmland to one of my daughters. I also provided the vacant space in my compound for my two daughters. They have constructed their own house and live here together with us* (*Desta*, 13 April 2021).

On the other hand, some older adults are unable to retain their independent living due to temporal and bedridden health problems. Though they were in their physical capacity at its onset, their illness prompts their reliance on their children. *Emebet, Abebe, Bogale*, and *Yeshemebet* describe thier health conditions before they start to co-reside with their children.

> *Twelve years ago I fell into a small gorge. Then one side of my leg and hand became paralyzed. My children took me to the hospital and holy water. However, since nothing is possible without the permission of God, I am not able to reinstate my health. Thus, I live and sleep here in the middle of my children waiting for my God either to cure or take my life.* (*Emebet*, 24 March 2021).

> *I was not able to work due to the problem with my eyes which create difficulties in cooking, fetching water, and doing other domestic chores. Consequently, I decided to live with my married daughter two months earlier than the date of this interview. I don't have a female child at home that supports domestic chores.* (*Yeshemebet*, 18 April, 2021)

Interview data from older adults in the study area showed that they are struggling with deteriorating physical strength and physical health problems that obliged them to seek co-residential family care.

Inaccessible Location

The inaccessible location of older adults' place of residence/neighborhood contributes to their decision to shift their living arrangement to their children who are located in a relatively accessible place. The remoteness of their previous location combined with their physical decline

Table 1. Socio-Demographic Characteristics of Older Adult Participants.

Participants (pseudonym)	Sex	Age (years)	Education	Religion	Marital status	Source of livelihood	Number of children alive	Relationship with current caregiver	Number of years lived in their current living arrangement
Almaz	F	89	No education	Orthodox	Divorced	Agriculture	1	Mother	23
Emebet	F	65	Read and write	Orthodox	Widow	Agriculture	3	Mother	14
Asegedech	F	67	No education	Orthodox	Divorced	Agriculture	1	Mother	Since married
Abebe	M	69	No education	Orthodox	Remarried	Collecting fire woods	2	Father	5
Mulu	F	61	No education	Orthodox	Remarried	Local liquor sale	2	Mother	20
Bogale	M	88	No education	Orthodox	Widow	Agriculture	4	Father	5
Mekonen	M	89	Fourth grade and church education	Orthodox	Widow	Agriculture and pension	5 (adoptees)	Father (not biological)	Since married
Haile	M	92	Church education	Orthodox	Widow	Agriculture and pension	8	Father	Since married
Desta	M	82	No education	Orthodox	Married	Agriculture	5	Father	Since married
Gizachew	M	75	Read and write	Orthodox	Separated	Agriculture	1	Father	3
Yeshemebet	F	73	No education	Orthodox	Widow	Agriculture	7	Mother	2 months
Gete	F	70	No education	Orthodox	Widow	Agriculture	8	Mother	5

challenges their access to institutions they valued necessary for the old age period. The distance of a church from their location and the rugged landscape poses challenges for some participant older adults in executing their old age activity.

> *While I was in my home, the landscape was hard for me to move into a place I want. The roads are sloppy and difficult for me to regularly go to the church. Old age is the period where I have to connect to God. Thus, I need an accessible location where I can find a church nearby. I choose to live here because it is comfortable to go to church and is closer to town.* (*Bogale*, 29 March 2021).

In addition to the landscape and access to the church, *Gete* mentions that the weather condition and unavailability of health centers in her place of residence affect her health and oblige to shift her living arrangement.

> *I was living in a lowland area which is very warm and sunny. I have a hypertension problem. In addition, there is no health center available for checkups and treatment. My children told me that the warm and sunny weather will worsen my illness. Thus, I decided to come here because the area is highland and accessible to health centers* (*Gete*, 15 April 2021).

Hence, rural older adults' need for co-residential family care is influenced by factors in the outside environment. Irrespective of the family caregiving quality, a relatively good physical environment in their children's neighborhood that lets older adults access religious and health institutions motivate older adult for co-residential family care.

Separation and Divorce

Conflict with a spouse that ends up with separation or actual divorce is among the situations precipitating for co-residential family care. Behavioral problems of their partner, entanglement with their husband and adoptee and quarrels on children out of wedlock are among their reasons to end their marriage and a subsequent decision to shift living arrangement with their children.

> *We lived together for 35 years. Now we are living in different places because we are discordant in behavior. Because of her behavior, I went to Addis Ababa and stayed for eighteen years. After I came back, I build a house. I thought we would live together. But, she left me behind. I was upset and became sick. Then, I came here and my sister helped me to get medication and restore from my illness. She advised me not to return to my home again and I settled here (Gizachewu*, 12 April 2021).

Almaz, 89, is divorced from her husband 23 years ago because of the conflict between her husband and adoptee. Her husband wanted to transfer their farmland to the adoptee.

> *My husband had been sterile and we had one adoptee. My husband wanted to give the farmland to the adoptee. My adoptee told me that he planned to take the farmland. I told him he can't take my land since he doesn't belong to my blood family. Our disagreement heightened. He brought me some paltry barley. I told him to take the barley. At that point, I got divorced. Then, I came to my biological child* (*Almaz*, 23 March 2021).

Asegedech also mentions that she decided to co-reside with her child because her husband had a child out of their wedlock. She got upset and decided to live with her married daughter.

Death of Spouse

Among participant older adults, *Emebet, Yeshemebet, Gete, Bogale, Mekonen*, and *Haile* are widowed. Except for *Emebet*, all of them experienced the death of their spouse after they turn their sixties. Some of the participants who shifted their living arrangements to co-residential family care mentioned that they prefer to live independently if their spouses were alive. The death of their partner and subsequent loneliness and challenges to carry out their work compel them to shift their living arrangement with their children.

> *Upon the death of my wife, I encountered difficulties in living because there is no one with me to cook and do other domestic work. Then, I decided to live with my child after the 7th year of my wife's death. (Bogale, 25 April*, 2021*)*

Mekonen and *Haile* had lost their wife after they turn eighty. They were unable to live by themselves. Thus, they decided to bring their married daughter and son into their own home. The death of their spouse marked their co-residence with their children.

Economic Problem

For some older adults, depending on and living with their children is a must for their welfare because they lack sufficient means to live independently. Particularly, if they are without farmland, they don't have any other means for living than co-residing with their children. *Abebe, Mulu*, and *Asegedech* described a problem with their livelihood that precipitates co-residence with their children.

> *My land was taken by the local administrator during the Derg regime. Right after then, I worked by renting land from local farmers. But, when my physical capacity declines, I was unable to do it and the renting price of land became expensive for me to compete with other farmers. These forced me to depend on my son and later move to my daughter.* (*Abebe*, 20 May, 2021)

> *The economic problem is the main reason to depend on my daughter. I have no means of income; rather I spent most of*

> *my life working for individuals on my labor. I started to live with my daughter because I became unable to cover my expenses.* (*Mulu*, 26 April, 2021)

Asegedech also mentions that her dependence on her daughter is due to the economic problem she faced after she divorced her husband.

> *When I get divorced from my husband, I didn't get any share of land or other property. After that, I experienced economic difficulty. My last resort was my daughter. I came here because I don't have any means of living. I think I am capable of living by myself if I have a means of livelihood like farmland (Asegedech*, 27 April, 2021).

Mostly in the study area, men are breadwinners and if a husband passes away, women (wife) will be economically challenged to keep their normal functions independently which forces them to relocate for co-residential family care.

Neglect and Inheritance Dispute

Neglect by cohabiting children and potential threats of abuse are among the many reasons for older adults to leave their home and start living with another child. Participant older adults who left their previous homes mention that they face a potential threat and neglect in the hands of their children who co-reside or live in the same neighborhood. Children who are supposed to be the source of security sometimes became a threat to older adults specifically when there is a conflict of interest. With the death of one of the parents, children get into conflict with the remaining parent over inheritance rights. The quarrel gets sometimes heightened to force older adults to fear their children and relocate to another place or to another child that can provide care and protection.

> *After the death of my husband, one of my daughters asked me to give the share of her father's property. I agreed with her demand and gathered all of my children and elders from my village. I told my children to divide their father's property equally. Then, one of my daughters refused to divide the farmland as she wanted to take the whole portion of her father's land alone. Due to this, we get into conflict and I took the case to the court. The court allowed me to use the land. Even after the court decision, I allowed her to take her share but she kept on bothering me. She wanted to kill me. I started to fear for my life because I was living alone. Due to this, I left my home and came to my children here* (*Gete*, 15 April 2021).

Neglect in their own home by a co-residing son also forced some of the older adults to leave their house and shift to another child or relatives. *Bogale* and *Yeshemebet* mention that neglect by their son in their own home is disappointing. They grumbled about the treatment of their married son living in the same compound.

> *My child living with me in one compound has difficult behavior. His wife is a very kind woman and I blessed her. But my child mistreated me. For three and half years of my wife's death, he never gave me attention. Even when I get cold, he never invites me to get close to the fire while he sits there in comfort. Due to this, I get upset and asked my other son to take me to him* (*Bogale*, 29 March 2021).

In this study, even though older adults expect care and protection from their offspring, sometimes stressful relationships are developed resulting from economic interest and caregivers' abusive behavior toward older adults. The presence of an adult child with better emotional attachment mediates the decision of the older adult to relocate to new co-residential family care setting by avoiding this abusive and stressful relationship.

Discussion

Parental disability or limitation in Activity of Daily Living /ADL, marital status, and financial reliance of parents on children determine the likelihood of co-residence (Zhang et al., 2014). Declining health among widowed older adults is related to transition to co-residence (Silverstein, 1995). The physical and health status of older adults determine their decision for co-residential family care as those older adults with health problems are more likely to depend on others for a living. Transition in functional health status triggers the need for more support from family members and increases the likelihood of older adults to co-reside with children (Korinek et al., 2011; Li, 2015; Zhang et al., 2014). This study also reveals that older adults' physical limitation to perform daily activities make independent living unfeasible. Thus, they are forced to co-reside with their adult children as they need assistance in their day-to-day activities.

The marital status of older adults was also found to be a contributory factor to older adults' co-residence with their children. Consistent with the finding of the study, Ruggles and Heggeness (2008) by examining the census data of 15 developing countries found that changes in the marital status of older adults due to separation, divorce, and widowhood increase older adults' need to co-reside with their children. The transition in marital status during a period of widowhood increases the possibility of co-residential living with children (Korinek et al., 2011). The finding also indicated that it is not the change in marital status alone that triggers the need for co-residence since a period of change in marital status combined with economic strain and physical limitation to live alone have their role in older adults' decision to live with their adult children. In line with this, a study by Audinaryana et al. (1999) confirms that unemployed widows, those with experience of physical disability, and socioeconomically disadvantaged women are more likely to co-reside with their adult children.

Economic problem create challenges for older adults who wish to maintain their independence. Therefore, economic challenge to sustain their living compels them to shift their living arrangement to co-residential care. Previous studies showed that economic factors contribute to informal family care (Zhang et al., 2014), and indicators of older adults such as level of education, occupation, and pension determine their living arrangements as well (Audinaryana et al., 1999; Li, 2015; Zhang et al., 2014). Possession of economic resources and engagement in economic activities maintains independent living while economic strain increases older adults' need to co-reside with children. Lower economic capacity is more likely to trigger shared living while older adults with high occupational levels and pension coverage live alone (Audinaryana et al., 1999; Li, 2015). In this study, older adults' source of income is agriculture with lower literacy levels. Thus, old age economic strains push them to depend on co-residential family care.

Economic situation in the study area makes older adults vulnerable to livelihood problems with nonexistent social security schemes. The economic strain is overriding for those who are without farmlands. On the other hand, owning economic resources is not a guarantee for independent living as other factors will mediate the choice of older adults. This study showed that; even though older adults own sufficient economic resources, the presence of physical limitations and inaccessibility of their location necessitates the need to live with adult children. Some older adults bring their married adult children into their own homes because they are unable to administer their property and live independently.

This study also point out that inheritance disputes, abuse, and neglect by their co-residing child precipitates rural older adults to shift their living arrangement to another child. But previous studies don't support this finding as older adults experiencing abuse or family conflict are found to live alone or drop co-residence (Jadhav et al., 2013).The availability of other children who have a better emotional attachment with older adults has a positive effect on abused or neglected older adults to shift to other co-residential care. Emotional closeness and a better parent-child relationship initiate older adults to live with adult children (Zhang et al., 2014). Therefore, the finding revealed that older adults experiencing abuse arrange their living arrangement with an available intimate, and caring adult child.

Conclusion and Implication for Practice

Physical limitation and health problems, inaccessible location, separation and divorce, death of spouse, economic problems, neglect, and conflict over inheritance trigger older adults' decision to co-reside for family care. Future policy initiatives for rural older adults' care plans should consider ensuring accessibility of local infrastructure development, strengthening family system, and expanding support services. Older adults in the study area are being challenged by physical, psychological, and social challenges that precipitate them to relocate for co-residential family care.

Social work is a relatively young profession in Ethiopia. To meet older adults' needs, higher educational institutions should work to open and expand gerontology social work education through the development of faculty, curriculum, recruiting high number of students, and research finding disseminations (Scharlach et al., 2000). Social work education in general and geriatrics social work training in particular should be expanded to provide care for this increasingly demanding population group (Lynne et al., 2011).

Older adults' needs are not limited to physical health as addressing their social and psychological needs are important as well. Emphasis must be given to interdisciplinary training for practice to have qualified gerontological social workers. To address the complex need of older adults and their family caregivers, geriatric social work intervention should adopt biopsychosocial approach and interdisciplinary teamwork, particularly with health professionals (Damron-rodriguez & Corley, 2003).

It's significant to build senior centers as it has variety of benefits such as for developing new friendships and serving as a source of positive feelings about life for older adults (Beisgen & Kraitchman, 2003). Moreover, senior centers development in a rural area would promote self-care and health management among rural older adults (Casteel et al., 2013) and promotes older adults' involvement in the community through social interaction, friendship with other older adults which are found to be significant in other studies (Bacsu et al., 2014).

Development of daycare centers contributed to improve the quality of life of older adults by addressing the feeling of isolation and loneliness (R. Giles, 2015; Khalaila & Vitman-Schorr, 2021; Valaitis et al., 2020). Furthermore, the role of family caregivers should not be downplayed for older adults as those older adults in a nuclear family experience more depression than those in a joint family system (Taqui et al., 2007). In addition, the contribution of family support to reducing loneliness in old age, particularly for those with insufficient family contact (Khalaila & Vitman-Schorr, 2021) should not be ignored. To decrease caregiving burden, it's also significant to provide support for family caregivers of rural older adults. This support should include caregiving training (Tirrito & Spencer-Amado, 2000), economic support and payment for the care being provided for older adults (Gerald, 1993), and provision of farmlands for family caregivers.

Social workers should play important role in the development and implementation of home care for older adults which, these days, is a preferred mode of care (Greenberg et al., 2006). Expanding older adults' access to health care is necessary. Moreover, services such as health education and recreation service could also be integrated with family care and daycare arrangements.

Expanding community health insurance programs and provision of material support are relevant. Gerotechnology or providing assistive devices for debilitating health conditions will enhance the quality of life of rural older adults.

It's important that all stakeholders including governmental and non-governmental organizations, religious institutions, and human service professionals should play their role to support older adults in rural areas and minimize family caregivers' burden.

Limitation of the Study

This study aims to answer the question: "why do rural older adults in the study area seek co-residential family care?" The study does not look for issues like types of services, needs of older adults, interaction, and challenges in a co-residential family care arrangement. Moreover, the study shouldn't be used to infer generalizations for other older adults living in co-residential family care outside the study area.

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