Chapter 19

Informal Cares and Caregivers in Rural Elderly: Emotional Costs in Public Health Policies

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ABSTRACT

The aging population means that health systems rely on informal carers to meet the physical, psychological, and emotional needs of older people. In this context, it is particularly important to know the perceived quality of life of informal carers. Health studies highlight the close relationship between care work and the carer’s objective health. Through a qualitative ethnographic methodology, by means of open interviews with carers from rural areas of Extremadura (Spain), this study deepens the knowledge of the emotional costs to which the figure of the informal carer is subjected. The authors approach the social-emotional dimension in places where it is not always possible for public health policies to be fully developed. In this situation, moreover, some moral characteristics of these environments take on special importance.

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INTRODUCTION

We all are living in an increasingly aging world. The proportion of people aged 65 and over in developed countries has experimented a vertiginous growth connected with two fundamental causes: on the one hand, the entry into a new demographic phase, characterised by fertility levels below replacement level; and on the other, the lengthening of average life expectancy at birth, linked to health advances and improvements in living habits and social determinants achieved since the second half of the twentieth century (Abellán, Ayala, & Pujol, 2017; Foreman et al., 2018). Spain is no stranger to the phenomenon, and according to data from the Organisation for Economic Co-operation and Development (OECD, 2017), as one of the countries with the highest proportion of older people, to the extent that by 2050 it is estimated to be the second oldest country in the world, behind only Japan. A year in which, in addition, the number of octogenarians will be double that of today, a demographic state for which a category of its own known as “ageing of ageing” has already been created (Vidal Domínguez et al., 2017).

Undoubtedly, the management of the associated social and economic consequences is presented as a real challenge, even more pressing if we talk about rural areas, places where, on the one hand, urban concentration movements are determining a process of growing depopulation, even point of becoming more and more exclusively inhabited by elderly people, often alone; while on the other, it is a means that generally has more pre-carious social and health services. It is not surprising, therefore, that the issue is currently subject to constant discussion, and that this is why it has strongly broken into the first places in the political and public health agendas of the 21st century.

Public administrations are precisely the holders of obligations when providing citizens with social and health policies aimed at maintaining the quality of life among the elderly and / or dependent. A commitment that, for various reasons, is not always fulfilled, some-times showing itself incapable of carrying out its function, something that happens much more frequently when we speak of the most remote areas of rurality where, as we pointed out, social services and social assistance maintain a network that is often weaker. It is at this moment when, faced with situations of dependency or need for care, the figure of the non-professional informal caregiver enters the scene.

BACKGROUND

The role of informal caregiver tends to be played by the closest family environment, with an eminently feminized profile, and characterized by the fact that it involves not receiving any kind of economic remuneration for the help they offer, while they are almost always invisible to the eyes of society (Wright, 1983). The informal caregiver eventually converts her home into a scenario of continuous health care, acquiring a role that has even in many cases an important objective burden referring to the functions and / or problems to be assumed and resolved; but to which must add an unmeasurable or subjective burden that refers to the emotional and/or sentimental impact derived from the strong affective-emotional bond that habitually unites the person being cared for; and on the other hand from the consequences that derive in the personal, social or labour sphere as a result of their new role (Hervás, Cabasés, & Forcén, 2007). A scenario that in most cases ends up assuming, in the words of García-Calvete, Mateo and Maroto (2004), a high cost for their own quality of life, something that in some of its determinants is completely unknown, and all in spite of the fact that the issue has been sufficiently addressed by scientific literature.