

Subjectivities of Older Spousal Caregivers in Rural Northern Thailand: A Qualitative Study on Sociocultural Influences

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Abstract

The aging society and changes in living arrangements significantly impact family caregiving patterns, particularly in older spousal caregivers. This study examined how the subjectivities of older spousal caregivers have been shaped by social discourse and practices. A qualitative research approach was adopted in rural northern villages in Thailand. Data collection included 1) narrative interviews with eight older primary spousal caregivers and eight family members and neighbors, 2) in-depth interviews with ten healthcare providers, and 3) participatory observation. Both thematic and inductive methods of data analysis were applied. The finding demonstrated three distinct subjectivities regarding caregivers: older persons, medical, and sociocultural discourse. Medical and older people's discourses influenced negative subjectivity on older caregivers regarding their physical decline with age; however, positive subjectivity of being a compassionate and capable caregiver was regarded as a valuable role. The findings reflected the changing sociocultural discourse in the northern region of Thailand. A caregiver is perceived as *kon jāa*, which refers to the committed role of both wife and husband, who care for their spouse for the rest of their lives. The implications of this study can benefit community-based care systems by enhancing the understanding of social and cultural discourse on caring and couplehood and incorporating caregiver needs into the care plan of older people with chronic illnesses.

Keywords

Caregivers; narrative; older person care; older spouse; subjectivity

Introduction

Caring for older individuals has become a global health concern due to the rapidly increasing number of older people. The United Nations (2023) recently predicted that by 2050, older people will comprise 28% of the worldwide population, up from 20% in 2023. Older individuals have significantly higher health risks, making caregivers essential, particularly family members who are the primary carers (Schulz et al., 2020). Older people who reside with their spouses must care for one another in the family, following an ideology or a set of beliefs that children must care for older people. Moreover, the dominant paradigm's discourse on age places older people in need of care rather than expecting them to perform as well as other age groups as caregivers (Buch, 2015).

Thailand has transitioned into a predominantly aging society along with many other countries. A national survey reported that about one in five older people live with their spouse, mostly in rural communities (National Statistical Office, 2022). The challenges of family care have become increasingly significant public health concerns. The rising number of the aging population, coupled with morbidity and health deterioration, has heralded the transition to a nuclear family structure. Thai family conventions and philosophies regarding filial piety are moral obligations related to older persons care (Roberto & Blieszner, 2015).

The quality of life of family caregivers has been the main focus of most previous studies on older caregiving (Chinner et al., 2021; Cui et al., 2024), echoing health impacts associated with increased depression and adverse health outcomes for spousal caregivers (Felix et al., 2021; Schulz et al., 2020). Challenges arising from the obligation to care for older people exacerbate physical and psychological distress, unmet need for health concerns, and reduced social interaction (Christine & Hazel, 2016; Morgan et al., 2016). Several studies have the experience and value of marital care based on healthy relationships, love, attachment, and family preservation. Still, few have investigated the subjectivities, perspectives, and personal experiences of spouses toward their role expectations as caregivers, all of which are influenced by broader social and cultural structures (Hall et al., 2022).

Literature review

Stroke is one of the leading global causes of neurological disability, affecting the abilities of cognition, memory, and physical mobility (Felix et al., 2021). Most older stroke patients have residual physical impairments and are less able or unable to care for themselves. These people rely on long-term assistance, and the need for caregivers is crucial. In the family or community, formal caregivers for older people who have completed specialized training are particularly more well-liked than unpaid caregivers (Hall et al., 2022). Studies on caring show the impact of the dominant paradigm's caregiver discourse and the concept of elderhood.

The dominant aging and medical discourses have influenced the identity of older caregivers by concentrating exclusively on the negative negatives of being a caregiver rather than any advantages. Many previous studies on family caregivers have demonstrated adverse mental effects and disorders such as emotional anxiety, stress, diminished social opportunities from community involvement, and fewer community support systems (Kokorelias et al., 2020). Caregivers experience weariness due to their workload, negatively impacting their mental health (Chinner et al., 2021; Felix et al., 2021). The stereotype that caregiving is primarily a

woman's responsibility persists in many cultures, influencing societal expectations, reinforcing traditional gender roles, and sometimes hindering the broader acceptance and support of male caregivers. Most previous studies found that in family caregiving, wives tend to take on the burden of their husbands because of their resilient nature; they are more compassionate and helpful to others and better able to cope with emotional impacts than men (Aulino, 2016; Calasanti & King, 2017).

As in other parts of Thailand, the care practices in this Northern Thailand rural community are experiencing societal transformation, including an increasing number of older people. Cultural and normative components of caregivers regarding filial piety and moral obligation profoundly influence patterns for older care. Family care is portrayed as appreciation, returning kindness, grace, and the duty of caring for older members (Chuakhamfoo & Pannarunothai, 2014; Sringernyuang et al., 2020; Yodphet, 2015). Northern Thai communities also have solid merit-making and Buddhist beliefs. The role of caregiver often falls to a female family member, such as a wife, daughter, or granddaughter, following gender norms (Aulino, 2016; Sawatphol et al., 2017). However, with modernization, the migration of young people to cities, and shifting sociocultural backgrounds, older adults in Northern Thailand are becoming increasingly more likely to live alone or with their spouses (Knodel & Teerawichitchainan, 2017). In daily life and personal hygiene, older people must manage their illnesses within the family (Srithamrongsawat et al., 2018). However, besides the family, the community is essential for their support and care because they are closest to older people.

A recent national survey found the highest number of aging people in the northern provinces of Thailand, with an alarming increase in older people living alone with their spouses (National Statistical Office, 2022). This result underscored the significant challenges of caregivers for older people, especially older spousal caregivers. The Thai Government has enacted a policy to establish a long-term care (LTC) system for older adults by focusing on developing a network of community caregivers. This policy also aims to help people, families, and communities care for older people to live with dignity and receive good health and social services (Human Resource for Health Research and Development Office [HRDO Thailand], 2020). There are also efforts to create a new definition of education for older adults in Thai society (Booranavitayaporn & Suntrayuth, 2019; Pekalee et al., 2020). Older caregivers still follow the meaning and process of caring according to the roles and responsibilities defined in medical institutions (van Dyk, 2014), especially for health problems and quality of life (Sawatphol et al., 2017; Sringernyuang et al., 2020; Tamdee et al., 2018).

The medical, social policy, older persons, and family ideological discourses provide inadequate assistance and equal social care for older family caregivers, particularly in rural areas (Morelli et al., 2019). Aging characteristics and the subjectivity of older people are connected. Subjectivity varies according to an individual's perception, attitude, and interaction in social relationships throughout their lives. Depending on the influence of knowledge, power, and social and cultural ideas, people have varying levels of subjectivity and practices (Kelly, 2013).

Older caregivers are particularly vulnerable to dominant discourse, as evidenced by research that predominantly focuses on the social and health challenges they face, especially the stress of caregiving (Adelman et al., 2014; Christine & Hazel, 2016; Sawatphol et al., 2017). Caring aspects for older people have now shifted to emphasize understanding the perspectives, experiences, and fluid power dynamics in the older caregiver role. At the Thai policy level, this study of older care practices in Northern Thailand showcases attempts to adapt to

changing family patterns. The confusion and symbolism of long-term care in the Thai older care system are portrayed as a political ideology (Aulino, 2019).

This study applied a post-structural perspective to explore the subjectivities and experiences of older adults who serve as spousal caregivers. Poststructuralism challenges the idea that fixed and stable identities are constructed through language, discourse, power dynamics, and social interaction using aging concepts and social structure (Foucault, 1978). Subjectivities based on poststructuralism are not predetermined conditions but fluid and continuously shaped and reshaped through social, cultural, and historical interactions. Mansfield (2000) mentioned that the subject is constructed, made within the world, not born into it already formed. Subjectivities address the role of an individual agency under the power relation between the self and society and reflect the changing status quo of caregivers and the older person's discourse on the emerging new identities of older spousal caregivers.

Older caregivers have many roles and responsibilities. They can balance work-life and caring roles because they want to remain working instead of becoming full-time carers. A study by Borneman (1997) showed that care preserves authority, sexuality, and marital relationships and suggests paying attention to caregiving as a voluntary or attentive process, an operation, or a more fluid form of looking at just doing the job. Kleinman (2010) defined being a caregiver as caring for and meeting the needs of others by maintaining good relationships. Subjectivities in this study reflect the identity of the older people behind the experiences of caregivers in self-awareness, ways of thinking and acting, and giving meaningful care.

Research methods

Study design

This qualitative study used participatory observation and narrative interviews to enable older people to express their subjectivities and explore the complex experiences of being the primary caregivers for their spouses with stroke illness under the social and cultural contexts of the Northern Community in Thailand. The language used in narratives as discourses related to older caregivers to better understand why older people act and give meaning to their experiences and perceived identities (Riessman, 2008). In-depth interviews were also conducted with family members, neighbors, community leaders, community health volunteers, and health officers to understand the social and cultural contexts surrounding the lives of older spousal caregivers.

Participants

The study area was selected as a rural community in a Northern Thailand province with an older population of 24.23%, the third highest in the region and the seventh in Thailand (Foundation of Thai Gerontology Research and Development Institute (TGRI), 2022). The participants included eight older primary caregivers aged over 60 who cared for their spouses living with a stroke, eight family members or neighbors, ten healthcare providers, and community health volunteers. A snowball technique using purposive sampling was used to reach the target informants from the Subdistrict Health Promotion Hospital database. This qualitative research used multiple data collection techniques for data triangulation to enhance the richness of the study (Creswell, 2013), including narrative interviews with older caregivers

and family members, in-depth interviews with healthcare officers and community health volunteers, and community observations.

Data collection

This research study was conducted from October 2021 to January 2022, starting with appointments to visit the homes of older people together with healthcare providers and volunteers, requesting permission to conduct narrative interviews, and making appointments with the older to collect data along with participant observations of the various daily life activities of older spousal caregivers for 30 to 45 minutes four times and spending 30 minutes to speak with other family members, neighbors, and community public health workers. The semi-structured interview questions with each older caregiver included

- What are your thoughts on caring for your spouse, and how do you feel about it?
- How do you envision your role as a spousal caregiver and an older person? Please narrate your experiences.
- How do you deal with the expected role as a caregiver?
- What is your personal experience as a spousal caregiver? Please relate some events and stories regarding your role.

Data saturation was used to ensure the credibility of qualitative interviews regarding older spousal caregivers, as indicated in the research objectives. Saturation was reached when the same story was repeated, and no new information or themes were obtained (Rahimi & Khatooni, 2024).

Data analysis

All participant observations and recorded narrative interviews were transcribed, gathered, categorized, and subjected to narrative analysis. By reading, I understood, analyzed, and made connections between facts, organized data regarding sociocultural contexts, and integrated research questions to form themes and sub-themes, incorporating selected Thai-to-English quotations.

Ethics approval

The Human Research Ethics Committee of Social Sciences at Mahidol University approved the study (No. 2019/199.1709). Before each interview, a verbal agreement was requested from each participant, and following they were invited to participate in the study.

Results

The informants in this research included eight older people who were primary spousal caregivers (five females and three males), eight family members or neighbors, ten healthcare providers (one Sub-district health-promoting hospital staff, and eight local older care volunteers), as shown in Table 1.

Table 1: Characteristics of Primary Older Spousal Caregivers

Informant	Duration of care (years)	Spouse's illness and age	Number of family members	Social welfare for older people
Case 1: A 72-year-old man	3	Hemorrhagic Stroke and unable to help themselves (100%), female aged 70	Two (wife and son)	Cash allowance for older people
Case 2: A 60-year-old woman	3	Hemorrhagic Stroke, male aged 69	Two (informant, husband)	Cash allowance for older people
Case 3: A 72-year-old woman	10	Ischemic Stroke, male aged 80	Three (informant, husband, son)	Cash allowance for older people
Case 4: A 69-year-old woman	2	Ischemic Stroke, male aged 70	Three (informant, husband, son)	Cash allowance for older people
Case 5: A 66-year-old woman	5	Ischemic Stroke, male age 71	Two (informant, husband)	Retirement pension
Case 6: An 82-year-old man	20	Ischemic Stroke + Below-the-Knee Amputation (BKA), female age 78	Two (informant, wife)	Cash allowance for older people
Case 7: A 75-year-old man	4	Hemorrhagic Stroke, a female aged 72	Three (informant, wife, son)	Retirement pension
Case 8: A 72-year-old man	3	Ischemic Stroke + Alzheimer's, female age 68	Two (informant, wife)	Cash allowance for older people

The narrative analysis revealed that the subjectivities of the older spouse's caregivers and the self-awareness of the older people were all directed by dominant structural discourse practices, resulting in three forms of caregiver subjectivity. The themes that emerged from the data analysis included main themes and sub-themes with supportive quotes, as shown in Table 2.

Table 2: Subjectivity Analysis of the Themes and Sub-Themes Presented as Caregiver Narratives

Theme	Sub-theme	Supportive quote
Subjectivity under an older person's discourse	Older people can be caregivers and do other work as well.	<i>"My primary responsibilities are my spouse and managing and supervising the gardener's work." (Case 4, 69 years old, husband's caregiver)</i>
	Older people must be in good health to care for their spouses.	<i>"Fortunately, I am an older man without an underlying medical condition, but I will take responsibility for my diet and limit my intake of foods important to me." (Case 7, 75 years old, wife's caregiver)</i>
	Older people can become caregivers if they desire to do so.	<i>"It's convenient now, in my spare time, I use Google to search for things that I want to know, such as watching cooking tutorial videos on YouTube and learning to do it myself." (Case 5, 66 years old, husband's caregiver)</i>

Theme	Sub-theme	Supportive quote
	Caring is the happiness and willingness to take care of the spouse of older people.	<p><i>"When he gets angry when he can't eat, he throws things away, it's tiring when I have to keep cleaning. But when I came to think again, when I made him his favorite dessert, and he ate a lot, I was happy, so I wanted to take care of him better and better." (Case 4, 69 years old, husband's caregiver)</i></p>
	As a spousal caregiver, I can do better than others in the family.	<p><i>"I've been taking care of him for 20 years until lately, his health has deteriorated. We've been caring for each other long since we were together. I let him do the gardening with his hand. I'm still mainly doing the rest of his care. We all know each other what to do and care for each other." (Case 3, 72 years old, husband's caregiver)</i></p>
The subjectivity under medical discourse	Medical care is difficult, complex, and time-consuming.	<p><i>"The doctor at the hospital told me that my wife had a stroke; let me take it easy; she's lying like this. And the doctor said I had to learn how to make a smoothie and feed her through a tube. At first, I sent my son to learn about the illness, and the physiotherapist taught him how to move her legs. Go back home so that he can do it right. If she goes home, my son has to make his mom often. The doctor asked me if I didn't have any female offspring or if I would have someone to help with cleaning, inserting a urethral catheter, wiping urine or feces, or changing adult diapers." (Case 1, 72 years old, wife's caregiver)</i></p>
	Caring for a patient has many impacts on the caregiver's health	<p><i>"Due to his size, caring for my spouse requires much work. Occasionally, I experience body aches and pains. But these symptoms disappear when I rest." (Case 5, 66 years old, husband's caregiver)</i></p>
	Older people are better at caring than volunteer older care providers.	<p><i>"Although it's good to have volunteers assist, I can care for him more effectively. Now that I know what to do. I will take care of my husband in my way." (Case 8, 72 years old, husband's caregiver)</i></p>
The subjectivity under the sociocultural discourse.	Being <i>kon jaa</i> is the caregiver extends beyond illness caregiving.	<p><i>"Relatives or neighbors frequently visit a sick person in our village when they return from the hospital. As a result, we have to maintain a tidy home. If so, visitors may rumor that we can't properly care for sick people if we don't take good care of the house." (Case 5, 66 years old, husband's caregiver)</i></p>
	Being a caregiver is a changeable identity.	<p><i>"I have to make sure she takes her medicine on time, keeps her body and clothes neat and clean, and always keeps the house clean. When people visit, they will not gossip about me mistreating her or abandoning my wife." (Case 6, 82 years old, wife's caregiver)</i></p>
	Maintaining a marriage is about caring for each other, not gender roles.	<p><i>"We have been married for a long time. We work together like men and women and care for each other. So, when my husband could not help himself, I never thought that I would not help take care of him or do things for him, and I thought that I would take care of him until we were apart." (Case 4, 69 years old, husband's caregiver)</i></p>

The subjectivity of the caregiver under the older person's discourse

Older people are caregivers and do other work as well.

Older people recognize that they are *khon thao* [older people]—weaker, sicker, and less resilient than younger people. It's a time when you have to stop working. Still, it is evident that despite their advanced age, older people take good care of themselves and work without relying on their children.

"In addition to taking care of my wife's daily activities, some days, I go gardening or work as the Senior Citizens Club President. I also know I'm very old, so I have to be careful, especially when riding a motorcycle, because I'm afraid that if anything happens, no one will be able to take care of my wife."

(Case 6, 82 years old, wife's caregiver)

"I continue to go to the market daily to sell fresh vegetables, even though I now have to look after my husband."

(Case 2, 60 years old, husband's caregiver)

To provide care for their spouse, an individual needs to be healthy.

Elder's stories demonstrated their ability to learn new skills such as caring. However, they also learn and apply modern technology to care for their health, such as searching for information online about caring for themselves and rehabilitating their spouse.

"I have time to relax. In my leisure time, after doing my responsibilities. I enjoy watching YouTube cooking videos and modifying them to create a "Blenderized Diet" for my spouse. I also enjoy looking up food-related information that is appropriate for older adults like me."

(Case 2, 60 years old, husband's caregiver)

Older people can learn to be caregivers if they desire to do so.

Older people said that they never planned to care for their spouses, but they had to change and learn how to do so as the physicians instructed when their spouses became ill. Older individuals want to care for their spouses as much as possible on their own, even though families with children live with them.

"My son initially looked after his mother, and I would occasionally assist him. I requested additional practice later on until I could perform it smoothly. The way I take care of my wife is something we do regularly, like in our daily routine. But for complex things such as sucking up phlegm and dressing wounds, I asked the doctor to teach me when he came to visit the house. As for some equipment, I modified existing items that were interchangeable. The doctor told me it could be done and to focus on cleanliness as much as possible."

(Case 1, 72 years old, wife's caregiver)

Caring is the happiness and willingness to take care of the spouse of older people.

Caring for a spouse, especially after a significant health event like a stroke, was challenging for older caregivers. The willingness, happiness, and a sense of reward arose from the compassion in their caregiving.

"Today, I made mackerel tom yum for my husband to try. Before he was sick, he liked to eat a lot. He still has difficulty swallowing food. So, I cook it until it's as soft as possible. He ate a lot more than usual. He also eats ripe bananas. I choose the smooth type with a slightly sweet taste. I am bored of making the blender food for him daily when he eats a lot. Now I'm happy and satisfied."

(Case 4, 69 years old, wife's caregiver)

As a spousal caregiver, I can do better than other family members.

A female older caregiver in Case 4 reported that even though they had a son with them, helping her husband was something she had always done because they had been together for a long time and had a good understanding of each other's needs. This allowed the sick spouse to remain happy and live normally.

"We've been together for so long that I know what he likes and what he does not like. Now he's sick, so he can help himself less. How do I take care of him? I still do the same thing as before."

(Case 4, 69 years old, husband's caregiver)

The subjectivity of the caregiver under medical discourse

Medical procedures are complex and time-consuming.

Caregivers are people who know about caring for patients and follow medical methods to prevent disease or complications that may occur. Older people must be caregivers; medical care is difficult, complex, time-consuming, and challenging. Therefore, it is unsuitable for older people.

"People who care for sick people must be strong – especially caring for bedridden patients, which older adults cannot do. For example, in Case 1, if no son is living with him, he cannot take his wife to the doctor because he has to carry his wife to the car. Or in Case 6, when he is old and tends to forget. He sometimes forgets or alternates the steps when I teach him how to dress his wound. This is a standard limitation of older caregivers."

(Sub-district health-promoting hospital staff)

Caring for a patient has many impacts on the health of the caregiver.

Older people experience numerous health issues after long-term caregiving for a spouse. They believe that they may manage physical problems. They believe that they may manage physical problems like headaches and muscle pain, as well as mental health issues like stress and sleeplessness.

“Some days, my whole body hurts when I help my spouse get out of bed or when we go for a walk. At I rest, and when I rest.”

(Case 5, 66 years old, husband's caregiver)

Older people are better at caring for their spouses than volunteers.

Older people know they can provide care for their spouses and have the power to make decisions and plan various daily activities. They believe they are good at it and choose to care for their spouses by refusing help. Their children provide financial support. Knowledge about treatment information and how to care for the sick are considered important encouragement for older people.

“A volunteer used to come to care for my husband. But she didn't do anything more than a massage and then returned after a while. I did as the doctor advised me and informed the official that I could care for my husband. It would be better for the volunteer to help care for someone seriously ill and bedridden.”

(Case 3, 72 years old, husband's caregiver)

The subjectivity of the caregiver within the sociocultural discourse of the community

Being *kon jàa* as a caregiver extends beyond illness caregiving.

The vernacular term *kon jàa* denotes a spouse caregiver. *Jàa* is a word that does not have a fixed meaning, but it refers to helping patients with their illnesses and taking care of every aspect of their lives to maximize the quality of life of each person and each family. By contrast, being a *kon jàa* determines the role, meaning, value, and expectations of the caregivers in the social community. There are many facets of patient care depending on the illness, while family relations are the beliefs of each family and community.

“I still live my life normally. However, I have always taken care of my husband. I don't just come to do it when I'm sick. Even though it performs many functions, Both as a seller and a housekeeper, taking care of the house and its people. It's something that is done regularly. It's my life.”

(Case 4, 69 years old, husband's caregiver)

Being a caregiver is an interchangeable identity.

Both men and women in the study's older caregiver group. The narrative shows that the social norm of female caregivers caring for family members is deeply ingrained in the family and plays a significant role in their lives. Nonetheless, male caregivers keep their identity. They are still the head of the family even when they act in a feminine housekeeping position.

“When he was ill, but with time, his health deteriorated. I didn't feel like my life changed because I'd always taken care of him; it was just my normal life.”

(Case 1, 72 years old, wife's caregiver)

"Previously, the belief was that men lead and women follow, with the saying "it is a sad house where the hen crows louder than the cock." However, in the modern period, women are treated equally; no one in the household is superior to the other, and they support one another when they have difficulties – particularly when one of them is ill and requires care and assistance from the other."

(Case 8, 72 years old, wife's caregiver)

Because we live alone as older couples, we must care for each other.

Older people care for their spouses when living alone. In Case 8, they had no children and adopted a nephew who was a child of the older sister to be a granddaughter. Their granddaughter currently works and resides in the province, so they mostly live alone. The older person had to be proactive and learn to take the caregiver role when the spouse became ill because other family support was limited.

"The two of us are alone, and we can't choose. I take care of my wife while also taking care of the house. Wherever I go, I take her with me. I have to do her daily routine, like caring for a small child. We are two old people with only one child; he has a family to care for. We don't want to be a burden to him."

(Case 8, 72 years old, wife's caregiver)

Discussion

This study applied poststructuralism to examine the subjectivities of male and female older caregivers who cared for their spouse living with stroke in a rural community in Northern Thailand. Narrative interviews were conducted to reflect the subjectivity of being a caregiver, including their sense of identity, feelings, self-perceptions, and desires shaped by specific historical, social, and cultural discourses (Smart, 1982). The research results showed that older subjectivities are characterized by three main discourses in Thai society: the older person, the medical, and the sociocultural discourses. However, the older spousal caregivers constructed their subjectivity against those discourses with emerging themes such as the agency in performing their routine activities, self-awareness to maintain their health for caregiving, a desire to learn caregiving skills, the satisfaction derived from caring for their spouse, and a belief in their ability to care for their spouse compared to others.

Older identities are often stereotyped by ageism discourse, which portrays them negatively as passive, vulnerable, or in need of protection. Additionally, biomedical discourse views aging as a process of decline and deterioration (Barrett & Gumber, 2020). The results of this study indicate that although older people accept their subjectivity within the context of aging discourses in Thai society, the self-perceptions and identities of older caregivers are fluid. These caregivers also prioritize their health, ensuring they can continue caring for their spouses effectively over time. Older people are willing to develop caregiving skills by learning new things, indicating their self-worth. These findings align with a systematic review of positive caregiving experiences in stroke, which suggests that caregivers identify what they value and can thus balance their view of caregiving (Mackenzie & Greenwood, 2012).

Older caregivers often view medical care as complicated, complex, and time-consuming, significantly impacting their health. Spousal caregivers among older people attempted to resist and negotiate with medical discourses that dictate caregiving duties and methods based on medical procedures. Despite feeling tired, they also experience cheerfulness and a strong desire to care for their spouses. The caregivers believe in their ability to care for their spouse's physical health and well-being, deriving a sense of self-worth from this caregiving role (Nelson, 2016) rather than relying on external help. Older people take on the caregiving role as prescribed by healthcare providers, learning about symptoms and adhering to medical guidelines. Still, they adapt complex care into something personally relevant (Buch, 2015).

For older people, caregiving is a lifestyle reaction within couples that can manifest in various forms (Kleinman, 2010, 2015), representing a meaningful and purposeful life for those caring for patients (Mackenzie & Greenwood, 2012). Kleinman (2010) posited that maintaining a good relationship with one's spouse is human satisfaction. Spouse care in Northern Thai culture is not only a matter of merit, sins, karma, or bodily responses but also an interaction with a spiritual value characterized by care, sincerity, mental and emotional attachment, and a desire to preserve the social world of both older people and their spouses (Aulino, 2019). This resulting in strong family relationships consistent with the community's cultural norms (Chrisler et al., 2016).

The crucial findings regarding the subjectivity of older caregivers in the rural northern community indicate that the cultural contexts of the community shape the caregiver identity of older people. Caregivers are referred to as *kon jàa* in the local dialectic, which means someone who looks after something achieves specific results. Regarding caregiving, *kon jàa* are husbands and wives who care for their ill spouses, but this extends beyond just managing the illness to encompass assisting with all aspects of daily life to enhance their well-being. The community's ideology of being a *kon jàa* governs family duties and what it means to be a good husband and wife. Consequently, older person care involves not only adhering to medical guidelines but also ensuring the well-being of their families.

In this context, caregiving is a ritual and a "humanizing" moral act embedded within structured, symbolic practices that hold significant meaning for both the caregiver and recipient, including within their social networks. As the study found, spousal caregiving is seen as a sense of responsibility tied to the couplehood and the continuity of the family (Aulino, 2016). These aspects enhance the morale of caregivers of older spouses (Phillips et al., 2022). Thai society still values the family ideology, which is evident in how older persons care for their spouses with love, hope, and feelings of reciprocity that go beyond just fulfillment of duties (Zhang & Lee, 2017).

Both male and female older persons notably emphasize that maintaining a marriage is the responsibility of both the husband and wife, and this responsibility changes according to the sociocultural structure (Morgan et al., 2016). The findings highlight a significant shift in how caregiving is perceived and practiced, moving away from gender-defined roles in caregiving, which reflects broader changes in societal attitudes towards gender equality and the dynamics of care within families (Paechter, 2001). Similar to previous studies, this research found that both male and female spousal caregivers take on caregiving roles, regardless of traditional gender norms. Specifically, we found that older male spouses were eager to engage as caregivers for their ill wives while simultaneously negotiating with masculine ideals (Boylstein & Hayes, 2012; Christine & Hazel, 2016; Hellstrom et al., 2017; Young et al., 2022).

The findings indicate that the subjectivity of older people is not limited to the definition found within the agism discourse. Instead, it is influenced by the interactions among older persons, family, community, society, culture, and social discourse, or unstable ideological systems that can change according to the era or dynamic social and cultural environment. The connection between traditional gender stereotypes and caregiving and cultural values influences a person's transition to a new identity and affects the balance between life, work, and older people's care (Guberman et al., 2012). Furthermore, their ability to transcend gender boundaries mediates between older people and society, helping them develop a new identity as caregivers and fostering positive feelings of self-worth and esteem.

Conclusion

This study aims to open up space for the personal narratives of older persons, shedding light on the dynamic subjective differences among older people and their diverse practices of caring for their spouse living with stroke. Through a poststructuralist lens, older caregivers are viewed as dynamic and significant, recognizing the complexity of their role in later life. The study emphasizes that older individuals possess agency and the capacity to make choices and act independently, even within the confines of societal structures. The implications of this study can benefit community-based care systems by improving the understanding of social and cultural discourse on caregiving and couplehood and incorporating caregiver needs into the care plans for older individuals with chronic illnesses. Rather than documenting older caregivers' distress and failures to adhere to routines and expectations, documenting their strengths, opportunities, wishes, and goals would help develop empowering approaches to aging policy and practice.

Because of the community outbreak of COVID-19, this study had a limited sample size. In future studies, the number of participants should be increased. This study focuses on older spouse caregivers residing in a single rural community in northern Thailand; therefore, the findings may not be generalized to all older caregivers. Future research should explore older caregivers in other social and cultural contexts, particularly in urban areas.

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