The Burden of Caring for Children and Parents: Intergenerational Coresidence, Caregiving and Well-being of the Caregivers

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Motivation

Like many other Asian countries, Indonesia is experiencing population aging as life expectancy increases and fertility declines. The number of elderly needing care and support increases while the number of workers supporting them reduces. Lack of social programs to support the elderly/pension schemes may mean even more reliance on familial or kinship networks. At the same time, children stay longer at home as they spend more years in school. As a result, Indonesia may face its own "sandwiched generation" problem: parts of population who face competing demand for child-rearing and caring for elderly as well as supporting themselves.

Support for parents may include but not limited to: co-residence, financial support, performing daily chores, and also tine-intensive caregiving. The literature on informal care have looked at some economic and non-economic implications for the caregiver. For example, informal care may limit the type of paid employment that they can take (Ettner 1996, Carmichael and Carles 2003) , lower wage for those who are employed (Heitmueller and Inglis 2007). Other job market consequences may include low level of job satisfaction, higher absenteeism. Informal care may entail well-being costs to the providers as well: physical and mental health, financial, social life, leisure; although some studies did proving care to parents may increase life satisfaction. Child-rearing also entails similar costs bor market consequences and some non-economic factors.

Objectives of the paper

This paper's main objectives are threefolds. First, to document the size of the group of people in Indonesia who fall under the category of people who simultaneously support their aging parents and their dependent children – the "sandwiched generation". Secondly, to examine the demographic characteristics of this group and the type of support the give to their parents and their children. Thirdly, to look at some the burden of the "sandwiched generation", by looking at some measures of well-being of the caregives.

Methodology

As a working definition of the "sandwiched generation, I will look at heads of household and their spouses who have at least one child living at home or at least one non-coresident child who receive their supports *and* have at least one parent living at home or at least one non-coresident parent living elsewhere who receives support. The paper will document how much of the IFLS sample who were 21-59 in 2000 (and 28-66 in 2007) belong to this group and will look at compare their characteristics of those who don't belong to this group.

As a first approach to answering the question on caregivers' burden , I am estimating the following equation. Data will be from two rounds of the Indonesia Family Life Survey (IFLS), large-scale longitudinal household survey (described below).

For individual *i=1,…,n* in survey wave *t*, the general specification will be:

$$w_{it} = \beta_1 h_{it} + \beta_2 c + \beta_3 \ln(pce) + \beta_4 x_{it}\beta_1 + \mu_i + \varepsilon_{it}$$

where

w_{it} =latent experienced utility summarized by subjective well-being measure.

h_{it} = whether or not individual provide assistance to at least one parent (care-giving, financial, etc)

c_{it} whether individual provide assistance to at least one child

x_{it} =other explanatory variables: age, education, log(real per capita expenditure), dummy for provinces and rural area

μ_i= time-invariant individual –specific unobservables

The equations will be estimated pooled OLS and Fixed Effects. Men and women are estimated separately.

I use several measures for w_{it}.

1. First I use a make use of the eight questions asked in the General Health Questions-based (GHQ) module in IFLS 2000, and the ten questions asked in the Center for Epidemiologic Studies Depression Scale (CES-D 10) module in IFLS 2007. Between the two modules, 6 questions overlap measure of self reported health status 2000 and 2007. From the responses to the set of questions in IFLS 2007 an index was constructed ranging from 0 to 20 (0 to 16 for IFLS 2000) with 20 (and 16 for IFLS 2000) indicating individuals with the least signs of psychological distress, and 0 indicating the possible maximum values of psychological index. I then transform the indices into z-scores and use the z-scores in the multivariate analysis.

2. Tthe answer to the questin "In general, how is your health? Healthy, somewhat healthy, somewhat unhealthy, unhealthy?", and coded as Poor health =1 if somewhat unhealthy or unhealthy, 0 otherwise.

3. For 2007 only, I also use the answer to the happiness question "Taken all things together how would you say things are these days - would you say you were very happy, pretty happy, or not too happy?" and coded happy = 1 if very happy or happy, 0 otherwise.

Data

I use data from the Indonesia Family Life Survey, a large-scale broad -based longitudinal survey of households, individuals, communities . Four waves of IFLS have been fielded: IFLS1 (baseline in 1993), IFLS2 (1997), IFLS3 (2000), IFLS4 (2007). IFLS5 will be fielded September 2015

The IFLS have detailed questions about household membership including questions about non-coresident parents, siblings, and children. Data on a number of physical health biomarkers and self-reported health measures are also collected. Since IFLS4, a significant number of questions related to aging were added to make the survey more comparable to the aging studies around the world such as the HRS (US), CHARLS (China) , KloSA (South Korea), LASI (India).Refusal rate is low and the survey tracks respondents who moved outside the original community, keeping overall attrition rate low. The data are publicly available at http:www. rand.org/labor/FLS/IFLS.

Preliminary results

Co-residence and caregiving pattern

	IFLS 2000		IFLS 2007	
	Male (4,049	Female (5,175)	Male (6,232)	Female (7,367)
% coresiding with ≥ 1 parent	24	25	22	23
% provide any help to ≥ 1 non-coresident parent	58	56	61	61
% provide caregiving	**6**	**8**	**9**	**13**
% provide financial help	48	41	50	47
% coreside with ≥ 1 child	87	90	84	88
% provide financial support to ≥ 1 non-coresident child	16	23	12	16
% "sandwiched"	**51**	**40**	**52**	**55**
% "sandwiched", by birth cohort:				
Born 1950-1959	44	40	46	41
Born 1960-1969	57	55	59	59
Born 1970-1979	49	56	47	60

Co-residence pattern of elderly did not change much (see also Witoelar 2012). Around 50 percent of IFLS age 23-43 in 2000 face competing demand to provide for parents, children and themselves, although the percentage is higher in 2007. While caring for multiple generations is nothing new at all, demographic transition have put more pressure on the working-age population and the pressure will likely to increase. As Indonesians live longer, more elderly start requiring assistance for daily lives while they are still not done raising their children.

Regressions

Preliminary results of the 2007 cross-section regressions are as presented below (the paper will present both cross-sectional and longitudinal results).

Male

	Self-reported poor health=1		CESD-10 (0-30)		Very happy, happy=1	
Provide caregiving=1	-0.004	-0.039	0.497**	1.576	0.008	0.013
Provide financial support=1	-0.009	-0.008	-0.212*	-0.351	0.015	0.008
Parent with poor health=1		0.044***		0.401***		-0.015
Children living at home=1	-0.013	-0.001	-0.370*	-0.182	**0.059***	0.035
Support for non-coresident child=1	**0.030****	**0.037****	-0.122	-0.13	**0.029****	0.025
Caregiving x child at home		0.039		-1.209		0.002
Caregiving x child support		-0.051		-0.212		-0.012
Financial help x child at home		-0.015		-0.023		0.012
Financial help x child support		0		0.23		-0.004
Currently working=1		**-0.144***'**		**-1.834***'**		**0.125***
Married=1		**-0.069***		**-1.033***		**0.188***

Female

	Self-reported poor health=1		CESD-10 (0-30)		Very happy, happy=1	
Provide caregiving=1	**0.031***	0.025	**0.368****	**1.996****	**-0.039****	-0.086
Provide financial support=1	**-0.028****	-0.043	**-0.422*****	**-0.679****	**0.021****	**0.054***
Parent with poor health=1		**0.034*****		**0.469*****		-0.014
Children living at home=1	-0.004	-0.013	-0.022	0.032	0.019	0.018
Support for non-coresident child=1	0.004	0.022	0.122	0.367**	0.004	0.006
Caregiving x child at home		0		-1.846*		0.071
Caregiving x child support		0.015		0.155		-0.056
Financial help x child at home		0.023		0.328		-0.032
Financial help x child support		-0.056*		-0.617*		-0.002
Currently working=1		-0.01		-0.002		-0.016*
Married=1		0.011		**-0.731*****		**0.079*****

Highlights of the results:
- Providing time or caregiving is negatively associated with lower well being (low SWB z-scores and higher likelihood of self-reported poor health) of providers but only for male
- Still having children at home is positively correlated with well being of male, not female.
- The indicator of whether parent was in poor health is negatively correlated with SWB and is positively correlated with own self-reported health.
- Providing financial support for parents are positively associated with well-being: indicator for household resources availability
- Interaction terms between support for parents and support for children are not jointly statistically significant.
- Caregiving seems to be associated with lower well-being outcomes of the providers

The preliminary results also suggest some direction that the paper will pursue further:
- Looking at time spent on caregiving may proof to be fruitful.
- Providing financial help to parent is more often associated with higher well-being outcomes: indicate availability of resources to the households
- While each type of help/assistance is associated with well-being outcomes in different ways individually, I didn't find that the combination between types of help exacerbate or mitigate the correlations that exists with well-being.

Caregiving may provide both positive and negative experience, but the measures used in this paper can only measure overall experienced. Future research may consider other measures of well-being such as positive and negative affects (will be asked in IFLS5)