

Background

Population ageing is a challenge for both high-income countries (HICs) and low- and middle-income countries (LMICs) globally. The Asian region, comprising approximately 60 percent of the world's population, is facing rapid population ageing, with elderly population shares continuing to grow rapidly over the next few decades. The demand for caregiving is also increasing with the growth of elderly population, especially with the high burden of NCDs. Traditionally, in Asia, family members are the first line of support and female members, daughters and daughters-in-law in particular, have often been the primary caregivers for older individuals in households. However, economic growth, increases in women's education levels and their labour force participation are also likely to impact their ability to provide caregiving support at home. Declining household sizes, a consequence of lower fertility levels, and economic migration have further diminished the availability of family caregivers, and these trends will likely exacerbate in the future. Despite these shifts in family structure, there is limited understanding of the current profiles of primary caregivers across countries at different stages of demographic transition. This study will explore the characteristics of primary caregivers of older adults who received care and undertake a comparative analysis across five countries in the Asian region.

Methods

To investigate the sociodemographic characteristics of primary caregivers in five Asian countries - China, Japan, Korea, Indonesia, and India, we used household survey data from the Chinese Longitudinal Healthy Longevity Study (CLHLS) (2018), Comprehensive Survey of Living Conditions (CSLC) (2016) from Japan, the Korean Longitudinal Study of Ageing (KLoSA) (2018), the Indonesian Family Life Survey (IFLS) (2014), and the Longitudinal Aging Study of India (LASI) (2017). We restricted our analysis to survey respondents aged 45

years and above who reported receiving care. Caregivers were identified from respondents' self-reported data on their primary caregivers. Caregivers who were not family members, such as neighbours, privately hired workers, and professionals, were classified as external care resources.

First, we assessed likelihood of individuals' receiving care from external caregivers by demographic and socioeconomic characteristics of care recipients using linear probability models. Second, we examined the caregiving dynamics within family by analysing the relationship between caregivers and care recipients who receive care primarily from family members by visualizing the distribution of primary care relationship across care recipients of different ages. Lastly, we examined the differential time contributions of caregivers across primary caregivers using ordinary least squares regression models. All models were adjusted for socioeconomic and demographic characteristics of households and individuals.

Results

Among individuals aged 65 years and above, those receiving care ranged from 12.5% in Japan to 36.7% in China. The proportion of respondents who reported receiving care from external carers was over 10% in Japan, Korea, and China (14.9%, 20.0%, and 11.7%, respectively) and as low as 4.1% in Indonesia and 1.0% in India. Our result also indicate that richer households are more likely to receive external care across countries. Respondents in Korea, China, and Indonesia reported 10%-19% higher probability of receiving care from external carers among richest compared to the poorest group of households. The probability of receiving care from external carers was 2.6% and 3.6% higher among the richest groups compared to poorest groups in India and Japan, respectively. Among those receiving care primarily from family members, spouses were a major source of care for middle-aged care recipients and the role shifted to children and their spouses, and even grandchildren as the care recipient aged (Figure

1). This generational transition was in common across countries; however, it occurred at a faster pace in India and Indonesia. Our results also confirm the well-known finding that caregiving roles fall disproportionately on women. The share of women in spouse caregivers ranged from 59.8% in China to 92.5% in Indonesia. Although sons accounted for a higher share of primary caregivers than daughters in Korea, China, and India, among child's spouse who provided care, over 90% were women (daughters-in-law) across countries. Average hours care received per week was 28 hours in Korea, 17 hours in Indonesia, and 22 hours in India. Our cross-country results showed the time contribution of care was the highest for spouses. Children and their spouses spent less time compared to the care recipient's spouse and grandchildren spent even less time when providing care. Older respondents are likely to receive caregiving support for longer duration than younger counterparts across the countries in our sample.

Conclusion

The number of family caregivers will likely decrease in future years as populations age in Asia, and there is some evidence of rising caregiving by external providers, especially among richer nations, and within countries, richer households. Currently, in middle-income countries, caregiving burden tends to fall disproportionately on younger family members, particularly women, but this will likely become less in the future as the demographic and economic transitions proceed, and women's labour force participation increases. Strategies to address the growing caregiving needs that account for the need to substitute for family caregivers are needed going forward.

Figure 1. Share of primary caregivers by care recipients' age in Japan, Korea, China, Indonesia, and India

