INTERGENERATIONAL RELATIONSHIPS BETWEEN AGING PARENTS AND THEIR ADULT CHILDREN IN MALAYSIA

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ABSTRACT

Under the impact of rapid industrialization and urbanization over the last few decades, family structures in Malaysia have changed, impacting upon relationships between older parents and their adult children, triggering a debate on numerous complex issues surrounding such relationships. The debate on the relationships between older parents and their adult children today encompasses roles and responsibilities, parent-child interaction (physical, emotional and social support), quality relationship and caregiving. The objective of this paper is to explore the intergenerational relationships between older parents and their adult children in Malaysia. The paper is based on a study conducted by the author who used in-depth interview method on 15 elderly parents and adult children. The elderly parents were from Malay, Chinese and Indian ethnic groups, aged 60 years and above. The findings indicate that roles and responsibilities, parent-child interaction (physical, emotional and social support), quality relationship and caregiving fall upon the shoulders of daughters more frequently than sons. This phenomenon impacts the development of families, communities and nation. The implication of this study is that there must be improvements in formal and informal support systems to assist adult children address the dilemma and challenges they face in caring for older parents.

Keyword: Intergenerational, modernization, care giving, parent and adult children

Introduction

Rapid industrialization has changed Malaysian family structure to a more modernized family. Modernized family structure is a result of formal education and sophisticated work force such as professional educationalist, medical doctor, engineers, computer analyst, architect, designer etc. The younger generation no longer continues the traditional livelihood of their parents such as farmer, cultivator and fisherman, etc. This day’s modern education programs are targeted to the youngsters, which make them smarter than their parents. This creates an inverse status between the young and the old, because the two age groups differ intellectually.

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and morally. The series of modernisation aspects (health, economics, urbanisation and formal education) have impact on the family’s and the elderly’s daily life. The trend of having a nucleus family unit in urban areas has also resulted in weakening relationship with other relatives. In this type of family structure, the parents-children relationship is deemed more important rather than with other relatives. Therefore, most families in the urban areas seem to have very minimal emotional attachment or lack of strong sentiments towards their relatives. This has made the elderly parents more vulnerable and totally dependent upon their children for care (Alavi, et al. 2011).

Modernization and urbanization in Malaysia are two factors that influence the changes in the traditional family system. The geographical distance and changing family structure seem to hinder the capacity and ability of family members to provide constant care for the elderly. Therefore, it is important for the elderly to stay near care providers although not necessarily staying with them. This will enable them to get continuous financial assistance, emotional support, information, and personal assistance in time of crisis (Seeman et al., 1988). However, in Malaysia the adult children are very much closer, physically and emotionally to their parents. They communicate with their parents regularly through phone calls, letter writing, and emails, or even visiting them regularly (Roziah, 2000). Currently, elderly are using Face Book, Skype or Viber (popular social media) to stay connected with their children and grandchildren. This shows that family members, especially adult children, remain the main support for the elderly (Hasmah, 2000).

According to Tengku Aizan et al. (2000), majority of the elderly Malays and Indians secure support from their children, whereas the elderly Chinese get support from their partners. In fact, in some Chinese community, the elderly parents are rarely cared by their children, although the Chinese believe that those who do not care for their elderly parents will be cursed by their ancestors (Sokolovsky, 2001). Indian society has traditional informal support systems such as joint family, kin and community. Due to modernization and globalization, the capacity of the traditional informal support system is slowly weakening and is not in a position to fulfil even the basic needs of the elderly. Infact migration of younger generation, lack of proper care within the family, insufficient housing especially in urban area, economical hardship and break-up in joint family system have forced the elderly stay away from their children (Dube, 1999 and Mandal M. 1998). Other than financial assistance,
elderly parents living alone or co-reside with adult children often require assistance to prepare food, purchase of daily necessities, housekeeping, doing laundry and transport when visiting relatives/hospital/clinic (Chor & DaVanzo, 1999).

The rapid economic development is contributing to the changes in lifestyle, attitudes and the manner the aging parents are looked after. Family ties between adult children, their parents and grandparents is becoming shaky due to the generation gap, which at times leads to family conflicts and tensions in the family thus affecting the temperament of care that is given to elderly parents (Clarke, et al., 1999). Studies on Asian societies, including Taiwan and Malaysia, found that there is intergenerational support among family members as regards to living arrangements and material or financial support (Lee, Parish & Willis 1994; Lillard & Willis 1997). During industrialization and rapid economic growth, an ideal strategy for families to maximize their wealth is to shift resources from the older generation and invest in their children’s human capital. Later, parents may share the higher returns from their children’s education in times of hardship. The size of the return to elderly parents may depend on the amount of their investment or their need.

Furthermore, medical advancements and economic developments have improved the life expectancy of the elderly population in Malaysia for the past three decades. The population distribution in Malaysia, based on age, in year 2010 showed that 7.9% or 2,251,216 million people were 60 years and above, and is expected to increase further to 9.9% in the year 2020 (Malaysian Department of Statistic, 2010). The increase in aging demography initiates challenges and tribulations to the social, health, politics and economics that will have to be faced by the family, society, and the nation. Jariah et al. (2006) realized that many married adult children find it hard to support their parents’ medical expenses. Thus the government has to subsidise or increase public healthcare expenditures. This will indirectly enable the elderly to better cope with the rising medical expenses. Cost of health care and critical illness is rising due to specialist charges and the usage of sophisticated equipment (Doris, 2010). For the last ten years Malaysians have a higher life expectancy, and it is expected that the cost of medicines and healthcare will multiply and the impact on family, community, and government will continue to rise.
Adult children are in dilemma on how to cope with the increasing challenges of caring for their elderly parents, as they become weaker and fragile. (Levine, 2005; Rokiah, et al. 2002; Chen, 2002; Chambers, 2001; Murphy et al., 1997; Chow, 1996). This phenomenon is more acute when modernize developments envelops the family and social structures among the Malays, Chinese and Indians in the city. Changes in family structure, economical developments, increase lifespan, chronic health problems, and social impacts have affected the adult children and their parents. (Zarina, 2005 dan Azura, 2007). Adult children are expected to take care of their aging parents during the final stages of their life. Normally the middle child in the family will be in charge of caring for the aging and ailing parents. The adult child has to assume an extra responsibility of caring for their parents who are no longer independent to take care of themselves. With their additional role, adult children often find it stressful to juggle between managing their own family, career, and parents. This phenomenon is further complicated with various problems associated with the elderly and the sharp increase in the elderly population in urban areas, with the projected increase of aging demography.

The intergeneration issue has caught the attention of the Malaysian public recently. Rapid economic developments have changed the mindset, attitudes, and behaviour of individuals caring for their aging parents. Intergeneration relationship between parents and children is becoming increasingly tenuous, that can sometimes create conflict and tension in the family. This situation tends to affect the way adult children care for their parents. The question now is how to find the best strategy to nurture a harmonious intergeneration relationship between the caring child and their parents. This paper discusses the intergeneration relationship between aging parents and their adult children, and the dilemma faced in caring for their parents.

**Objective**
The objective of this paper is to explore the intergenerational relationships between older parents and their adult children in Malaysia.

**Research Methodology**
This research has a combination of case study and phenomenology approach. These approaches and methods depicted the background of research subjects, who were willing to
share their experiences on their preference and expectation of living arrangements and family relationship in the last stages of their lives. The subjects were chosen based on the criteria that were set to acquire extensive information. Through this qualitative approach, information and experiences were documented systematically, classified, and interpreted to have a better understanding and reflection of the lifestyle of the research subjects.

The respondents selected were elderly Malays, Chinese and Indians living in a community, in Seri Kembangan, Selangor (urban) and in Raub, Pahang (rural areas). The sample size is 15 elderly individuals and their adult children. The main reason these elderly respondents were selected is because they are living with their own families; to understand their living arrangements and family relationship. This qualitative research uses purposive sampling. Interviews were conducted in an open and unstructured manner. Data was collected through in-depth qualitative interviews. The main question asked during the interviews was the following: How is the elderly parents’ relationship between their children and their own families? What are the preferences and expectations of the elderly during the last stages of their lives in the modern and challenging situation?

Additional questions were asked about their background, why do they prefer to stay with family and have they thought about living in care institutions. In the subsequent interviews the researcher has selected passages from the written report (transcribed) to develop a theme. This has prompted qualitative researchers to develop criteria more suited to naturalistic inquiry, a well-known example being the criteria of credibility, transferability, dependability and conformability (Lincoln and Guba 1985). There are major drawbacks however, to the use of these criteria with studies which have a theoretical framework based on social constructionism, such as discourse analytic studies. Constructionist studies set out to explore knowledge or truths relating to human experience, as it is negotiated through talk between individuals as they live their daily lives (Schofield, 2008).

The analysis is the process of organizing data for interpretation. Compilation of data involves gathering and compiling data into patterns, themes and categories to understand the meaning of a phenomenon. Interpretation of data is to reflect the perspective or view of the researcher, not to seek the truth. The truth should be deduced by readers and examined in many other situations. There is no "rule of thumb" in the analysis and interpretation of data, it depends on
the creativity and intellectual ability of a researcher to report the results obtained to show the meaning of a phenomenon.

**Findings and Discussion**

**Participants Profile:** Respondents for this study were from urban and rural areas. As for the Malay participants, four were from the rural areas and only one from the city. The same were for the Chinese participants, four from the city and one from the outskirts of a town area. However, all the Indian participants are from the rural area. With regards to their education level, one respondent held a diploma, another has Malaysia Certificate of Education, one has secondary education, ten have primary education, and the two others did not go to school. Most of the elderly interviewed from the rural areas are still working in the village; child minder; rubber tapper, oil palm fruit collector, and social worker. On the other hand, the elderly in the city are security guards, pensioners (ex-customs officer), housewives or unemployed. The participants’ age ranged between 60 to 87 years, a good mix of early, mid and late old age. The researchers noted that age was not a setback among elders when they were helping their children in child minding, house cleaning, cooking and so on. Even the elderly in the rural areas were still working because their children were unable to support them financially. They realised the higher demands of life faced by their adult children in the era of modernization such as paying for their home loan and children’s education fees, transportation, etc.

Fifteen adult children respondents (care takers) were chosen according to the sampling criteria. The age of caretaker were between 32 to 52 years old, mostly women in their middle age and have accepted taking care of their parents. The time span of care varies from 3 years to 25 years. As regards to their health issues, three of the respondents below 30 years did not have any medical problems, whereas other respondents were suffering from diabetes, hypertension, heart disease, chronic headaches and sore veins.

**Intergenerational relationship among adult children**

The dilemma of providing care for the elderly is a global phenomenon, arising as a result of modernisation and advancement. The adult child referred in the study can be son, daughter, step child or adopted child. Various aspects were looked into regarding elderly care. Piercy (1998) mentioned that where care is concern, ladies seemed to be the primary care givers,
whereas the men provide the support to the ladies, namely to their wives or sisters. Also gender seems to be the key element in elderly care. Eriksen dan Gerstel (2002) suggested that daughters provided more care to their elderly parents than sons. The kind of care given involves, physical (finances), practical (household chores) and emotional (advise) (Eriksen & Gerstel, 2002). Research shows that sisters took over responsibility much more than the brothers.

Ladies play the key role in providing care for the elderly. Also, relatives and neighbours take up the responsibility of taking care of the elderly as secondary caregivers. The criteria in deciding the primary care takers depend on their family ties, gender, and their location (Cantor 1979; Merrill, 1997). Nonetheless, the partners to the elders are the main care providers when necessary. In the absence of the partner, daughters are more involved in providing care for her parent. If there’s no daughter in the family then the son will shoulder the responsibility of providing care. However, most sons will hand over the duty to their wives. If the elderly are childless or have no living children, then their close relative will take up the obligation to provide care for them.

Most respondents do not have any problems with intergeneration relationship when providing care to their parents. The relationship between respondents and their parents are quite close and warm. Earlier researches have revealed that when ailing parents are less mobile, adult children tend to visit or attend to them more often (Frankel and DeWit, 1989). However, not all parent-child relationship is harmonious. Some disappointed respondents have poured out their frustration while caring for aging parents. One respondent related that she has to stop work to care for her mom whose left leg has been amputated up to the knee, due to acute diabetes. Though her mother can carry out her daily chores like cooking, showering, and sewing using the wheel chair, she feels that her mother should not be left alone at home.

*I was a cook at the canteen. I had to stop working as my mom had her leg amputated five years ago... year 2002. Now I help my husband to cook the ingredients for murtabak which he takes around 2.30pm and sells them at the night market.*

*I can cook; I can sew... when my mom was looking after my kids... Since her leg was amputated it’s difficult to tidy up the house. Why must mom go thru all this..Mom took care of me when little, now it’s my turn to repay her kindness. (In tears)*
My children are mischievous... mom feels stressed out with their behaviour....too many when together they start fighting....The youngest tend to make a fuss..Mom can’t tolerate this nuisance, she gets annoyed.

Through the researcher’s observation, the respondent could hardly accept the fact that her mother’s leg is removed and is wheel chair bound. The respondent was continuously sobbing for every question probed too her, feeling sorry for her mother. Apart from taking care of her mother the respondent is taking care of her family with 10 children, including her sister’s two children. Her sister died of asthma. Her brothers in law remarried and refuse to provide maintenance for his children. Both the respondent and her husband have taken charge to raise these children. The incidents are depressing to the respondents.

... her mother (pointing to her sister’s child)..is dead. She used to stay here, but died at the age of 25 due to asthma attack. She left behind two kids, 3 years old and 5 months baby. All expenses are shared...What to do....I have to accept what has been fated.... their father doesn’t come and has given nothing for them.

This respondent is always enveloped with sadness and dismay in looking after her ailing mother, children, and sister’s children. She had to stop work as her mother was getting weaker by the days. According to her, at one point she felt her world was shattered with all the difficulties and challenges she was going through. Likewise a Chinese caretaker for the elderly also shared the notion that it was not easy taking care of the elderly in all aspect. This is what she said:

........my mother in law is not easy going.......this not right.... that not right. I just don’t know what she wants... I have small children age 3 and a baby........It’s difficult to care for elderly and young children at the same time. If they are easy going like my neighbour we’ll be at ease. Whatever she cook her mother in law eats. ... My mother in law is grumpy...there always something to complaint....either its salty or tasteless.....I often feel stress with what she says. Her tongue is sharp and hurtful. The elderly should also be considerate and comprehend us (care takers)... Not only we respect them, they should also be thoughtful of our sacrifices. It’s frustrating when our efforts are not appreciated. I just don’t know how to make her happy. I’ve done my best but she seems to ignore.

The ability to understand and apprehend elderly emotions can be challenging, especially among daughter in laws irrespective of ethnic group. Traditionally, women have assumed the responsibility of caring for parents or parents in law. This is not only prevalent in Malaysia, but a global phenomenon happening at every place in the world. According to Fitting, et al.,
burden associated with caregiving depends on gender and age of caretakers. Women typically report greater burden associated with caregiving than men. Younger caregivers were lonelier and more resentful of their role than older caregivers. Researchers have shown that women caretakers tend to have greater psychological pressure in caregiving (Zarith, et al., 1993); less enthusiastic (Gilhooly, 1984); very high MPPI depression score (Fitting, et al., 1985) and higher negative feeling (Siegler and George, 1983).

Another Chinese respondent also related incidents of her mother in law telling her off, but that did not dampen her spirits as she has her husband’s and his sibling’s support. Below are her comments:

...if my mother in law is happy, I feel contented... that is important.

This statement holds a very firm and meaningful principle to those who are caring for the elderly. One will have to go through all these events in life to fully apprehend the meaning and experiences in caring. The timeframe of care provided by an adult child is significant in understanding the caring experience. The process of caregiving is always seen as a women’s job as it emphasises on nurturance, personal care task, and household activities. However, the intergenerational relationship among elderly caregiving does not consider the issue of authority, administration, and medical issues (Miller, 1987; Prunco dan Resch, 1989).

As regards to caregiving experiences, 71.2 percent of the urban respondents and 96.4 percent from the rural areas said that they have the experience. Majority of the respondents (90 percent) from urban and rural said that they chose to be the caretakers to the elderly. On the other hand only 7.2 percent of the elderly parents from urban and 5.8 percent from rural made the choice on who will be taking care of them. Roughly 58 percent of the respondents having been taking care of their parents for less than 10 years and 90 percent of them offered themselves as caretakers to their parents. They felt it was their duty to provide care for their parents. Their parents stay together in the same house or co-reside. They feel fated to take up the responsibility. Most elderly tend to live by themselves and help their children to manage their domestic affairs. However, the ailing and weak parents end up living with their children. Alavi (2008) noted that elderly parents give emotional support, financial support, and manage household affairs like cooking, cleaning, and taking kids to school, while their children go to work.
The Prudential retire-meter survey (2009) stated that elderly parents prefer to spend time with their children, grandchildren, and rambling with family (65 percent). Mohamad Iskandar (2002) researched on what makes elderly feel contented during their free time. He observed the elders from Hulu Langat, and noticed that gender tend shape their contentment. Most elderly women occupy their time managing their grandchildren, and take it as a hobby, thus giving them some pride and joy. Increased longevity and health have given the elders a better chance of mingling with the grandkids. This gives them a chance to be parents again for the second time. At this point they tend to adopt a more lenient parenting styles compared to their younger days. According to Doris (2010), most pensioners (85 percent) in Malaysia would like to stay with their children or look after their grandchildren (80 percent).

Emotional support is deemed important in the elderly parent and adult child relationship. Emotional support is defined as companion for conversation, listening, persuasion, compassion, and a point for spiritual and religious solace. In such relationship family members tend to render physical support while friends offer emotional support (Antonucci, 1990). As said by Alavi (2012), both physical and emotional support are given by children as they’re closest to the elderly; either they stay together or stay near-by. Those with blood ties are more dedicated then strangers. Asnarulkhadi et al. (2006) also confirms that elders seek social support, financial support, and affection from family. But who is reliable for the support, sons or daughters? The traditional perception view sons are caretakers. However, it is difficult to uphold the traditional perception in the challenging modern world (Asnarulkhadi et al., 2006). This traditional perception cannot persist because modernization has changed the structure and norms of the present society.

Alavi (2012) has identified the following as emotional and physical supporters; couples, children, siblings, relatives, neighbours, and members from the places of worship (mosque, church, or temple). Research indicates that the most popular supporters to elderly are their partners (min = 3.35), followed by their children (min = 3.04), siblings (min = 2.82) and relatives (min = 2.11). The support provider’s average is almost similar between those in urban or rural. However, the support from relatives, friends, neighbours and interest group is lesser compared to family. Also noted that the emotional and physical support given by adult children or family members are sometimes taken for granted. Middle age women are taking up the responsibility to provide care for the elders (Alavi, 2012). Overall, women comprised
63 percent of the respondents providing care for their parents. Also it is noted that the wives of adult children are actively involved in providing care for their parents in law. Earlier researches focusing on the primary caretaker showed 74 percent of the primary caretakers were women. Very few sons or male relatives are primary caretakers to the elderly (Stone, Cafferata dan Singl, 1987).

In order to have blessed home, adult children will have to manage their household chores with patience and affection. They should help their parents when the need arises. Elderly parents expect their children to help willingly in times of need. They do not wish to burden their children. Some elderly respondents have related this feeling during our research.

The following will be taken care of for parents living with their child; financial aid, meals, housekeeping, laundry, groceries and transportation (to visit relatives or hospital). Elderly parents in Malaysia still rely on their adult children, relatives or friends to take them around. According to Doris (2010), daughters visit their parents more often than sons. Alavi (2008) noticed that adult children receive less financial support from others when their parents are weak and bed-ridden. There are cases where other children have not visited their ailing parents, for the past one year or even during festive celebrations. Statistics shows that financial and social support to ailing elderly parents is different from those who are healthy. The following proofs the differences:

1. Should at least offer a little financial help. .. For sons it’s difficult as their wives are in charge of finances...or they can at least visit me.. The one who is staying here rarely visits me...very difficult to visit, not even in a month....When he comes, he rushes to go back home with the excuse he has to work the next day..

2. Around here they are all from the same father, different mother. ..The first wife’s 5children used to come, but now very rare. I’m also a member at the mosque. The mosque committee have arranged for some funds for mom after looking at her condition... We received the student aid from government last year, not sure we’ll get it this year. Feel like working... but how when mom is in this condition...no one to look after the kids...

3. Can’t rely on the sons... they are drug addicts...one died and two left... both are high on drugs... my sister, who leaves nearby, and I look after...We just do what we can. No special care...No one come forward and offer help. There are wealthy relatives, but I dare not ask for their help... I’m also a committee member at the mosque.... the board from mosque help us to get some funds for my mom.

The three respondents from the above text proved that immobile parents get their financial support from social establishment, as they don’t receive much from family members or the
community. As such, the social support is reciprocal to the mobile elderly parents rather than the weak and ailing ones. In this situation it is important to choose a residence that is physically, socially and emotionally comfortable for the ailing elderly.

**Living arrangement among Malaysian Elderly**

Alavi, (2012) chose samples of adult children living in the same house with their elderly parents or those staying nearby, to get a better view of the caregiving experience. Almost all the respondents from the rural area chose to stay with their parents or parents in laws, 92.8 percent. On the other hand, only 43.1 percent of the urban respondents stay with their parents, the rest 36.6 percent stay nearby to their parents. Research shows that adult children are still staying with their parent although there is increasing trend of them staying separately from their parents.

According to Da Vanzo dan Chan (1994), more than two thirds of Malaysian aged 60 years and above stay with their adult children. Malaysian Department of Statistics (1998) reported that 59 percent of Malaysian elderly stay with their adult children. Also, Chen (2002) stated that 72 percent of Malaysian senior citizens stay with their adult children. In other Southeast Asian countries, many elderly parents stay with their adult children; for example 71 percent in Philippines, 63 percent in Thailand and Taiwan. Similarly, many elderly parents in Singapore and Indonesia stay with their adult children too (Chan, 2005; Cameron, 2000; Ofstedal et al., 1999).

The respondents described their living arrangement preferences and family relationship expectation, as closely related to their family belief, experiences and future expectations. Almost all elderly respondents indicated that living with family was more secure and merrier than living in care institution. But a more interesting fact was that, they preferred their children staying with them rather than they stay with their children. The respondents were also concerned about their future living arrangement when they are no longer healthy and immobile. They preferred to live with their children when they are unable to live independently, and expect their children would care for them. Although living with children was much safer, it may not be the case with all children. Comment from a Malay respondent:
Though some of my children invite me to stay at their houses, I don’t feel comfortable to stay in yet. I may just visit them but not stay in.

Two Malay elderly respondents said that they chose to live with their children because they look forward to their children’s care, when they were ill or unable to live independently. This view was shared by another Indian respondent, who was confident that her children would take care of her if she is in poor health. Another Indian respondent who was living alone did not mind living with her children. But she preferred to live alone because it gives her more independence and freedom. The third Indian respondent preferred to live with her son because she believes in family ties and affection. For her, strong family ties call for children to take care of parents willingly, especially when they were in poor health. The following quotes illustrate the importance of family ties to two elderly Indian ladies:

*I prefer to stay with my son now. I did not order him to take care of me, but he chooses to take care of me at my old age…*

*I like to stay with my child because I’m taken care with full of love. I did not impose to this child but he decided to take care of me willingly.*

The Chinese share similar view with the Malay and Indian respondents’ regarding preferred living arrangement and family relationships. However, the Chinese respondents preferred their sons and daughter-in-laws to take care of them when they are ill and immobile. These views was quite different from the Malay and Indian respondents, who were indifferent whether the caregivers were their sons or daughters, and were not concerned about which child would take care of them. The following quotation illustrates the subject of family relationships in the Chinese culture:

*Must be with the children because the children have grown up and he should take care. I don’t mind, who takes care of me, for me they are all the same. But it would be difficult for my daughter to take care of me, because she has her husband and family to take care. If son, no problem. Now I’m living with my unmarried daughter, who is working near here, so she is looking after me now.”*

Almost all respondents expect their children to take care of them when they were sick or immobile. The Chinese respondents further suggested that for other children, they should give emotional support and share the responsibility of taking care of their elderly parents, rather than leaving the burden of caring to one child only. In Alavi’s (2011) study, elderly Chinese expected their children to give them emotional support such as talking to them,
listening to their grievances and problems and advising them in religious and spiritual matter. The Chinese respondent also suggested one should not be too fussy when living with children and should tolerate their busy lifestyle. She described her view as follows:

\[\text{Any child will do ... I do not mind, as long as there is someone to take care of me. I'm already old and cannot be choosy, take as it is. Eat and drink what they serve us. If possible other children should visit, but I know they are busy with their work and do not live nearby.}\]

Although most Chinese respondents expected their sons to take care of them, but in reality this did not turn out to be so. Several respondents have given their views as the following:

\[\text{If possible, I would like to live with my son and not with daughters or any institution caring for the elderly. I have to live with my daughter, though not my choice, as the others did not offer me to stay with them.}\]

\[\text{I prefer to stay with my sons and not with daughters or nursing home for elderly. I chose to stay with my daughter as I feel uncomfortable staying with my other children.}\]

Taking care of older parents is an important way to demonstrate filial piety in an ideal traditional Chinese society influenced by Confucian, and to meet their older parents’ expectations (Zimmer and Chen, 2011). Also, the Chinese see caregiving as a dutiful repayment of debt for having been born to and raised by parents (Whyte, 2003). According to Islam (for Malay families), every adult child is obliged to look after their elderly parents. It begins with tawakkal (expects one to do and then leave the results to God’s will) followed by constant patience and tolerance in going through the challenges of caregiving to elderly parents.

**Conclusion**

It can be deduced that caregiving needs have impacts on infidel (women and elderly), families, communities and the leaders of the nation. It is becoming obvious that women are shouldering heavier burden in caring for their elderly parents. Also, this is due to the small family size nowadays, thus there are fewer potential adult children to care for elderly (Mason et al., 2001). This phenomenon is also prevalent from the changes in healthcare system and social services provided by the informal caregivers. Corporatisation and higher medical services costs are cutting treatment time in hospitals while those seeking outpatient treatments have increased. This has made the caregiving at home to double, with increase in aging population (Cranswick, 1997). Brody (1985), Connidis (1983) and Denton (1997) noted
that 80 percent to 90 percent of help to the elderly comes from informal caretakers. The other 10 to 20 percent assistance comes from formal caregiver such as community healthcare, social services and paid services. Informal caregiving by a trusted caregiver or family member has better quality compared to the care provided by formal caretakers, because strong affection and dedication. How long can informal caregiving last in the Malaysian community?

Women have been the main caregivers from the past. There are gender differences in caregiving styles in a family (Smith et al., 1994). Usually elderly parents are taken care by adult children leaving nearby, unemployed daughters, or unmarried daughters (Himes and Jordan, 1996). However, the situation has changed now, as many educated women have joined the workforce, whereby changing their social responsibility and requirements in life. As such, women’s effort to caregiving is hampered (Rokiah et al., 2002). These factors are significant elements in determining the quality of caregiving. Well designed retirement plan is important in improving the quality of elderly caregiving. Retirement plan helps individual to accept joblessness and better prepare for a relaxed environment (Ekerdt and De Viney, 1993). Naturally, the best option to accept the changes is to stay under the same roof with children. On the others hand, elders who stay alone, nearby, still need support in finances, cleaning, laundry, groceries, and transportation to hospital or clinics (Montgomery and Kosloski, 1994; Montgomery et al., 1993). There are some similarities between the Asian and Western researches regarding this issue. In both cultures women seemed to assume greater role in caregiving to the elderly: though ideally, both sons and daughters should be responsible in caring for the aged parents.

Often the informal care providers overlook their insufficiencies and incapability of providing care and becoming the decision maker to the elderly. (Nolan & Grant, 1989; Ruddle et al., 1997; Kellett & Mannion, 1999).On the other hand, Turner dan Street (1999) suggest that professional care providers be more involved and disseminate the necessary information to caregivers. Among the important message to disseminate is: medical requirement of the person under care, problem solving skills, managing family affairs, effective communication with the elderly, community service channels, handling emotional and long term plans in caregiving. Caregiver may be stressed or strained in providing care if they are not equipped with sufficient knowledge (Cantor, 1983).Education programs are designed to provide
caregivers knowledge and critical information, that will enhance their abilities to provide care and cope with the associated stresses (Schmall, 1994). Caregivers are able to provide better care when they are confident and composure (Bandura, 1982). Caregiving has complex influences and should not be judged based on some of the negative impacts (Yamamoto and Wallhagen, 1997). If much importance and attention is given to qualified caregiving, caretaker’s burden and qualms may be resolved.

Government and non-governmental organization should collaborate to establish a proper centre for the elderly, while their children go to work. The government should also take the initiative to assist the single elderly who live alone to lead a comfortable life, by providing financial support and support services (Siti Zaharah, 2002). Asnarulkhadi (2001) suggested that elderly can be granted a better life through many community projects. The government should also increase advocating programs to expose positive aging and to impart information of elderly in the local community. This could be disseminated through effective campaign and publicity; the electronic and print media should be active in broadcasting knowledge and information.

Reference


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