

THE DYNAMICS OF MULTIGENERATIONAL CARE IN SINGAPORE¹

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1. Introduction

The notion of cycle of care permeates in the multigenerational family care system. In general, there are three successive phases of generational relations between aging parents and their children: in the first phase, parents support the younger generation by providing care and financial support; in the second phase, parents support the younger generation in the care of grandchildren and in the final phase the direction of assistance is from the younger generation to aging parents instead (Morioka, 1996). From this notion, the older generations are both the provider and recipient of care. However, the mention of intergenerational family care commonly evokes images of older persons receiving care by family members, usually a daughter or daughter-in-law. This reflects the reality of the rising demands in the care of the old and frail in an aging society. However, it fails to portray the complex web of care in the family which consists not only of the immediate family, but sometimes includes other players, such as a foreign domestic worker or maid.

This paper, in addressing the interplay between the caregivers and care recipients in the context of Singapore family through qualitative data,² includes in the discussion the impact of the presence of paid foreign domestic maids in the family setting. Besides eldercare, the paper examines intergenerational family care from a life course perspective, and will also consider care in the reverse direction: that of older persons providing care to the grandchildren in the family milieu.

2. The Singapore Context: Demographics and Mosaic of Care

A small nation of only 710.2 square kilometers in area situated in the Asia Pacific region, Singapore represents a unique case of a rapidly ageing society. In 1990, Singapore's population was 3 million; by 2008, it has risen quite rapidly to 4.84 million. It is now one of the fastest ageing countries in the Asia Pacific region. It is projected that the proportion of older persons from age 65 will increase rapidly from 6.53% in 2008 to 25.8% in 2030 (UN data, 2009).

Singapore society is characterized by relatively high percentages of elderly living with their children and/or with spouse and children, which was at 73.7% in 2000 but reporting a slight decrease to 69.4% in 2005 (DOS Singapore, 2006). The mosaic of family care that is a common pattern in Singapore consists of multiple generations either living in the same household or living in separate households which are often within close proximity. Socioeconomic changes such as the norm for dual income family, housing and economic constraints all explain the pragmatic need for intergenerational interdependence. Cultural norms and expectations of filial piety in Asian families further buttress the expectations for intergenerational interdependence over the life course (Mehta and Thang, 2006). Government policies such as housing and tax incentives and the Foreign Maid Scheme introduced in 1978 allow families to employ overseas live-in-maids to help support family

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caregiving needs, ranging from childcare to eldercare, and housework chores. However, the cost of employing maids (about US\$400 a month for salary and levy) restrict the availability of such form of help to only families who can afford. Despite the cost, the number of maids has increased steadily, from 5,000 in late 1970s to about 170,000 in 2008 (The Associated Press, 2008). They came mainly from neighboring countries such as the Philippines, Indonesia, Myanmar, Sri Lanka and Nepal. With one in every six households employing a live-in maid, Singapore has become is one of the world's top employers of maids (Tsai, 2008).

Live-in maids are virtually an “extra pair of hands” in the family care scenario in Singapore, where the “Many Helping Hands” policy endorses by an anti welfare state government urges individual responsibility and the family as the first line of defence (Inter-Ministry Committee on the Ageing Population, 1999:13).

3. Analysis of Emergent Themes

In the literature on caring in the Singapore context, reciprocity - expressed sometimes as *filial piety* (Thang, 2000; Mehta and Ko, 2004) and *ambivalence* (Teo et.al., 2003) are two common concepts relating to family care. They are found to be undergirding the analysis on multigenerational care in an intergenerational context.

3.1. Multigenerational households and mutual help

Older persons staying in multigenerational households are not necessarily dependent, many indicated that they have or are providing care to their grandchildren living in the same household. For example, a Malay grandfather showed his wife and his engagement with the grandson when he was young as follows:

“ Yes I am close, close (to my grandchildren). For example, with my grandson here, when he was still young, my wife and I took care of him. We sent him to school, picked him up from school. My wife would prepare his meals. Because his mother was working, so I took care of his wellbeing. I also took care of another grandson when he was very young. My wife took care of him and of his meals. His mother was working too: sometimes going in the morning and coming back at night, going in the afternoon and coming back at night. My wife and I took care of him, so that we will always have strong relationships with our grandchildren and children.” (L1, GPP)

The sense of gratitude and reciprocity is in turn reflected in his children. As his adult child asserted,

“Well, of course.....taking care of the grandparent also, of course I want to give the best to I can give to them.... if you can survive until now, now is the time for us to repay back on what they have done for us. And its time for us to...and we know that life is very short...so I want to give the fullest attention to them.” (N2, GPP)

The above multigenerational household represents the ideal of containing family care

within the domestic domain where help is received and given in reciprocal manner in the circle of multigenerational web of care. However, such form of care is not necessarily without dilemma.

3.2. Dilemma in family care

Studies have shown ambivalence expressed by the older generation. Health concerns seem most prevalent among the grandparents where grandparents worried that they do not have enough energy to care for the young. There is also ambivalence when grandparents question if it is their responsibility to care for grandchildren,

“Because the grandchild is not my responsibility, it is my children’s responsibility...Because if you look after someone, you have the responsibility. It wears down one’s physically. You want to relax...” (FG2, n7; TFP)

Among the healthy elderly, instead, they see caregiving responsibility as a conflict to their desire for a relaxing retiring life and freedom. They represent the emergence of “modern day grandparents” who stress and protect their own freedom and space. However, grandparents in general recognize the need to help their children when necessary.

A common strategy among the grandparents is to include the foreign maids in the care equation so that they take the supervisory role in caring for grandchildren. However, this could lead to conflicts between young parents and their older parents as young parents may feel economically strained to have to pay for a maid.

3.3. Impact of the foreign maids in family dynamics

As shown earlier, it is more the exception rather than norm especially for families with young children and elderly to have no maids at home. Nonetheless, the entrance of an outsider into the family is not always readily accepted. Grandparents who view themselves as the guardian and transmitter of values, worry about the incapability of maids to perform the important role; and parents are concerned that maids cannot be trusted to care for very young children.

Within the context of eldercare within the family, the issues of providing quality care may be less of a concern, as maids are perceived as relieving the physical demands of caring for a dependent elderly. However, some adult children are equally concerned with not giving the best to their parents by relegating the responsibilities to the maid. On the other hand, there is the paradox that adult children may neglect their dependent elders with the presence of a maid to fulfill all the caregiving needs. In some families, the elder parent may be living alone with a maid paid for jointly by a few children. The over-reliance on maid may also give rise to opportunities for elder abuse especially if there is little or no respite provided for the employed foreign maid. A lack of common language since current cohort of Singaporean elders may not speak English or the same language with the maid is another cause of misunderstanding and may lead to frustration for both the carers and those being cared for. It is a paradox that the hiring of a maid facilitates the continuity of filial

responsibility on the part of the adult children, yet it could blur the boundaries between direct filial care from adult child and purchased care delivered in the family home, albeit paid for by the adult child.

However, primary carers are aware too of the merits of ‘an extra pair of hands’ at home as they largely relieve the stress of the family caregiver, which can help to improve the relations between the elderly and the family caregiver, where the maid provides instrumental support, the family can focus on giving emotional support.

4. Conclusion

While it is undeniable that carers feel a sense of satisfaction and fulfillment in the long run, it is more apparent that eldercare within the family arena is generally accompanied by stress and tension (Mehta, 2007). The Singapore government has recently stepped up in support for family caregivers with services coordinated through the Agency for Integrated Care to help families to find appropriate services for seniors discharged from hospitals to move back to the home and the community.³ However, whether or not to employ a foreign maid remains a common option for families requiring care help for elderly parents and young children. The foreign maid is becoming an essential ‘helping hand’ supporting family care, however, for the Foreign Maid scheme to improve and serve the needs of the family better, the government should step up support for this group of caregivers, such as for counseling and respite services to include these quasi-family caregivers as well. In the recent years, NGO and civil society groups such as TWC2 (Transcient Workers Count Too) and CMI (Commission for Migrants and Itinerants) have been formed to promote better living for foreign maids in Singapore (Rahman et.al., 2005).

Given the norm in dual working family, the notion of cycle of care will increasingly be incomplete without considering the maid’s contribution, whom, as the direct caregiver for both a young child as well as a dependent elderly, is present in every phase of the cycle of care.

Policy Recommendations

1. Comprehensive policy to support family care: this includes a seamless system of step-down care for elderly who are discharge from hospital and moving to live with the family, long term care facilities in the vicinity of residential areas, support for family caregivers, such as respite care services, home help services.
2. Institute family care leave for working adults to be able to take such leave to bring their elderly parents and spouses to hospitals/clinics, or to respond in time of home emergencies.
3. For countries which allows for employment of foreign live-in maids to help support family care, there should be measures to support their quasi-family caregivers, such as counseling,

training for care and nursing, classes for understanding of host culture and customs to facilitate living with employers, as well as respite services.

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(Endnotes)

1 The content of this paper is based on a book chapter by Mehta and Thang published in “Aging and caring at the intersection of work and home life: Blurring the boundaries” (edited by Anne Martin-Matthews and Judith E. Phillips), New York and London: Lawrence Erlbaum Associates. 2008. This paper is an updated version with latest materials provided where appropriate.

2 The data are derived from three different qualitative projects and consists a total of six focus groups of elderly, 45 interviews with different generations in 15 families, and six focus groups with family caregivers (see the Mehta and Thang, 2008 for details).

3 See <http://www.aic.sg/> for more details.