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THE CARE-GIVING ROLE OF THE SANDWICH GENERATION IN COPING WITH THEIR ELDERLY PARENTS IN HONG KONG: THE TRENDS AND THEIR POLICY IMPLICATIONS

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Abstract

This study investigates how the sandwich generation performs their caregiving role and filial responsibilities to their elderly parents in Hong Kong. The data was based on a representative telephone survey "CATI" system interviewed 503 sandwich generations in Hong Kong randomly. This study found that although some females were socially constructed as major caregivers to take care of their elderly parents, the male sandwich generation also plays a crucial role to provide caregiving for their elderly parents. The caregiving role of the male sandwich generation was manifested in this study. The gender difference in perception and the actual performance of caregivng towards the elderly only shows different degrees of involvement among different types of caregiving duties. Emotional and financial support by the son was a crucial strength to support the elderly parents in Chinese society based on the traditional value rooted in Confucianism and filial piety. Although the elderly parents themselves prefer and expect their sons to take care of them, the daughters play the role of "24-hour standby" care provider. Good intergenerational relationship is the foundation for maintaining mutual support and preserves the longevity of family life. This study also analyzes in detail how gender, blood relationship, and filial piety are related to intimacy, and how the perceived family boundary affects the sandwich generation in their priority for caregiving responsibility and their caregiving role towards their family members; and the consequence for elderly care. This research also investigates the reality in living arrangement for the sandwich generation and the elderly. Implications in policies are discussed in order to cope with the changing caregiving environment. Besides, how to strengthen and give support to the role of the family in elderly care will be discussed.

Chapter One. General Overview

1. Introduction

The main theme of this research project is to investigate how the sandwich generation in Hong Kong perceives their caregiving role and responsibility to the elderly. The gender choice in providing caregiving to their elderly parents is discussed. Traditionally the female is perceived as the major caregiver, but in reality the male and female have special roles in caregiving. In addition, we also investigate how the actual situation in living arrangement for elderly parents in Hong Kong affects the sandwich generation.

In order to give readers a full picture of our project, we will here describe the purpose of our study, its relevance and significance, and the background information of this research study.

2. Purpose of the Study

This study investigates the trend of how the sandwich generation performs their filial duties in providing care to their elderly parents in the various stages of the family life cycle among different classes and how they use various strategies in coping with the increasing demands as their elderly parents grow older and retire from work. This project also examines the policy implications towards the elderly, the family, and the problem of social security.

3. Its Relevance, Significance and Value

Theoretically, the findings of this research are expected to provide a better understanding of how the difference in family life stages and in social class influences the caregiving role of the sandwich generation, and the actual needs of caregiving of the elderly. This understanding can provide insight on how the sandwich generations play their role as caregivers to the elderly. Consequently, the analysis of the findings has significant policy reference value for the policy-makers in formulating labor, housing and social welfare policies for the aged and the family.

Chapter Two. Background Information

1. World Populations and Demographic Change

"Over the past few years, the world population has continued on its remarkable transition path from a state of high birth and death rates to one characterized by low birth and death rates. At the heart of that transition has been the growth in the number and proportion of older persons. Such a rapid, large and ubiquitous growth has never been seen in the history of civilization" (United Nations 2002). Our world is entering a new era as it undergoes a demographic revolution. The world is changing as it ages, and just as older persons have been agents of that change, they must also be its beneficiaries (United Nations 2002).

2. Population Ageing

"The current demographic revolutions predicted to continue well into the coming centuries." (United Nations 2002). One out of every ten persons is now 60 years or above; by 2050, one out of five will be 60 years or elderly and by 2150, one out of three persons will be 60 years or older (United Nations 2002). On the other hand, the emergence of the generation of "oldest old" was another trend in the coming centuries. The oldest old (80 years or older) is the fastest growing segment of the older population. They currently make up 11 percent of the 60+ age group and will grow to 19 percent by 2050. The number of centenarians (aged 100 years or older) is projected to increase 15 fold from approximately 145,000 in 1999 to 2.2 million by 2050 (United Nation 2002).

3, Global Fertility Rate

According to the statistics provided by the United Nation's periodic survey of population policies, 28 countries with below replacement fertility considered their fertility rate "too low" (United Nations 1999). A low fertility rate worries all those who have long measured the economic, political and social soundness of nations against the yardstick of population figures (Bagavos & Martin 2001).

4. Ageing Population in Hong Kong

In Hong Kong, ageing in our population has become a future trend that affects social policy. According to the 2001 Population Census of Hong Kong (2001), the characteristics concerning older persons in Hong Kong are as follows:

a. Size, structure and growth

The number of older persons increased by 659,134 or at an average annual growth rate of 5.5% over the past 40 years. There were 747,052 older persons in Hong Kong in 2001.

In terms of proportion of older persons in the total population, its percentage rose continuously over the past 40 years from 2.8% in 1961 to 11.1% in 2001. The elderly dependency ratio, defined as the number of persons aged 65 and over per 2,000 persons aged between 15 and 64, increased from 50 in 1961 to 154 in 2001.

The sex ratio (i.e. number of males per 1,000 females) of the older persons in 2001 was 859, as compared with the overall sex ratio of 960. There were slightly more female older persons than male older persons, mainly because of the higher life expectancy for females.

b. Labor force

Over the past ten years, the proportion of older persons belonging to the labor force declined steadily from 14.1% in 1991 to 7.2% in 2001. This to some extent, is attributed to the change in the general economic conditions as more and more older persons retired in their sixties.

In 2001, a larger proportion of the working older persons were engaged as "elementary occupations" (39.5%). Such a proportion was much higher than that of the whole working population at 19.5%. On the other hand, 15.9% were engaged as "Managers and administrators" and 13.6% as "Service workers and shop sales workers".

The median monthly income from the main employment of the working older persons in 2001 was $6,000, about 60% of the median ($10,000) of the whole working population.

c. Living arrangement and household characteristics

In 2001, 56.8% of the older persons lived with their child/children (32.1% lived with their spouse and child/children and 24.7% lived with their child/children only). On the other hand, 18.4% lived with their spouse only and 11.3% of older persons

lived alone.

Some 43.2% of older persons lived in public rental housing and 41.1% in private permanent housing. The corresponding proportions for the whole population were 32.7% and 48.6% respectively.

Compared with all domestic households, the median monthly domestic household income of domestic households with older persons and household size less than 4 persons were significantly lower especially for the 1- and 2- person households.

d. Geographical characteristics

The older persons were less prone to internal migration. The proportion of the older persons who had internally migrated was 13.8%, as compared to 18.45 of the whole population aged 5 and over.

5. Ageing Policy and Problems in Hong Kong

After a description about the profile of the elderly in Hong Kong, we shall look at the elderly care issue. Due to the change in demographic situation as well as the change of value in family care, there is a possibility that family support in contemporary situations cannot meet the urgent needs of the increasing number of elderly people. On top of that, it is debatable whether to maintain family support or just replace family support by other means. (Kwok 2002)

In Hong Kong, the Chief Executive Tung Chee-hwa outlined the general structure of the Special Administrative Region's policy towards the ageing population. He said, "The SAR Government will develop a comprehensive policy to take care of the various needs of our senior citizens and provide them with a sense of security, a sense of belonging and a sense of worthiness" (Tung 1997). In short, elderly policy in the Special Administrative Region will be based on these three concepts.

a. A sense of security

A sense of security refers to providing those with financial difficulties with money to maintain a relatively comfortable living. Currently, the Government has a

"Comprehensive Social Security Assistance Scheme" (CSSA) for this end. According to the latest statistics, there are nearly 110,000 applicants (about 60 percent of total applicants) to the CSSA using old age as a criterion. Besides, the Government also provides an old age allowance for the daily expenses of those above 65 years old. There are currently approximately 440,000 persons who are qualified. In reality, what faces the elderly is not just a financial problem but also care. Nothing illustrates this more than the health issue. Money can buy medical services but not health. In recent years, with an increased life expectancy and accompanying higher medical demands, specialized treatments are needed for complicated old age diseases such as senile dementia.

b. A sense of belonging

Elderly people are most comfortable living with their own families and in a place which belongs to themselves. With high land prices, living conditions in Hong Kong are far from ideal for large extended families to live comfortably under one roof. High rents often force young people to live separately from the elderly members. To keep families together, Chief Executive Tung Chee-hwa pledged that his Government would, through a public housing priority plan, encourage family members to live in with their elderly members in order to provide them with "a sense of belonging".

In the living arrangement aspect, the Housing Authority currently has two schemes, the "Senior Citizen Residents Scheme" and the "Housing for Senior Citizens Scheme", which give concessions on the public housing waiting list to young people who are willing to move in with or move closer to their elderly members, in order to look after them. Although the Government may provide them with public housing or places in old age homes, the waiting time for these averages to three years. Voices in society have been raised against this slow speed.

c. A sense of worthiness-productive ageing

A sense of worthiness-productive ageing refers to the SAR Government's commitment to help older persons to utilize their experience and energy for a meaningful living. And it suggested providing activities, which give the elderly healthy bodies and minds so that they can continue to make a valuable contribution to society. Everyone agrees that many retirees who are in excellent health might not completely be used to the retired life. Therefore, if the Government could provide them with training and allowances, they would be happy to participate in community

services, which in turn gives them self-confidence as well as benefits.

d. Elderly problems in Hong Kong

In Hong King, the elderly have a low self-perception of their own health and psychological problems are becoming more widespread as are suicide among the elderly and elderly abuse. It is suggested that more attention should be paid to the "young-old" who are still relatively active and that there should be a move away from the preoccupation with the more dependent and frail aged (Hugo 1996).

The values of Hong Kong people are in line with that underpinning government social welfare policy. They endorse a strong work ethic, identify with a narrow conception of social welfare and believe in self-reliance. A few evolving factors have occurred. First, the self-reliance ethos is under threat, because people tend to believe that the social problems they face are not of their creation. Some people, especially in the lower classes, are less reluctant to apply for poverty relief in times of financial difficulties, possibly indicating a value shift. Second, in view of the increasing pressure on the CSSA Scheme, the government needs to consider a strategic plan for the future of Hong Kong's social security system. Third, as people are ambivalent about paying taxes for more social welfare, the use of managerial reform and privatization strategies in social welfare seem to be inevitable if the government is to square the welfare circle (Wong, Chau & Wong 2001).

6. Family Structure, Marriage and Fertility in Hong Kong

Thirty years ago sociologists introduced the thesis that the extended family system facilitates a faster tempo and a higher number of children. This is so because in the extended family system, the economic cost and inconvenience of childbearing are lower, couples are motivated to have offspring early and have them in larger numbers, and early and universal marriage are encouraged (Siu 1988).

Modernization, industrialization and urbanization lead to the popularity of the nuclear family, later marriage, and lower fertility rate in Hong Kong just as other modern societies. Modern ideologies impact on the traditional Chinese value. For Chinese value, society has emphasized the importance of the family at the expense of the individual. The traditional Chinese ideology is family-oriented. In contract, Western ideology is individual-oriented (Siu 1988). This impact creates a mixture of

these two values, and the Hong Kong family has a feature of the nuclear family on the one hand, and the modified extended family where family members maintain frequent contact on the other.

Chapter Three. Literature Review

In this chapter, we will review the related literature on caregiving, the caregiver and the sandwich generation.

In caregiving, we will first define caregiving, and review the relations of caregiving and family relationship, and gender differences in caregiving. Since Hong Kong is a Chinese society, we will also review how Confucianism influences Hong Kong Chinese attitude and behavior in elderly care.

Following caregiving, we will review the literature on the caregiver. We will review "Who is the caregiver?", and the caregivers' burden. In addition, we will review the solutions for the caregivers' burden, to understand why the caregivers feel guilty, and why some literature considers that caregiving may not be a problem for caregivers. Besides, reasons for caregivers to experience guilt, how caregivers cope with the strains of caregiving and how caregivers cope with the strains of caregiving will also be studied.

In the part reviewing the sandwich generation, we shall discuss the definition of sandwich generation first. Afterward, we will review the possible negative outcomes of elderly caregiving on the sandwich generation, and why elderly caregiving is a problem to the sandwich generation. We shall also review the literature on the causes of caregiver burnout, and why elderly caregiving is not a problem to the sandwich generation.

1. Caregiving

a. Definition of caregiving

Definitions of caregiving in research vary considerably. Creedon defines caregiver as providing care to elderly parents, relatives or friends, either directly or indirectly, including making arrangements and providing long distance care, and the providing care action is caregiving (Creedon 1996).

The word "care" can mean (a) maintenance (b) holding someone in affection or esteem; and (c) supervision, as to be in charge of something. Synonyms for care are concern, solicitude, anxiety, and worry. A caretaker is one who gives physical or

emotional care and support to another. Family caregiving becomes more concentrated when an older person is sufficiently impaired (physically, mentally, or emotionally) to require assistance in order to function in a noninstitutionalized setting. Caregiving can also be a series of lifelong interactions at pivotal points (death of a spouse or sibling, divorce) between the caregiver and the care recipient. “The back-up caregivers” are called upon whenever the need arises. “The circumscribed caregiver” offers services within a certain limit of time. “The sporadic caregiver” offers services every once in a while. “The dissociated caregiver” takes no part in the caregiver experience. Presumably only the routine caregivers who are regular assistants to elderly parents, would warrant the designation “caregiver”. The most useful definition of caregiver is the one which restricts the term “primary caregiver” to the person having total responsibility for the provision of care. The three other categories include: (1) primary caregivers who have informal help (having the main responsibility but assisted by other unpaid caregiver); (2) primary caregivers with both informal and formal help; and (3) secondary caregivers who do not have the main responsibility (Starr 1998).

Caregiving has a sharp gender division in who takes care of old people when they are sick that is not too different from what exists at younger ages. Because of the fact that husbands are older than wives and women have a longer life expectancy, and men are more likely to remarry than are women, most older men, when they are sick, are cared for by a wife and most older women by a daughter (Troll 1986).

Caregiving includes the activities of daily living. It refers to the help with such basic functions as eating, bathing, dressing, getting to and from the bathroom, getting in and out of bed and walking (National Center for Health Statistics, 1994). Some people who have no limitations in activities of daily living, and they cannot manage to live independently need others providing care to them.

b. Caregiving and family relationships

Caregiving not only affects the emotional well-being of the caregiver but reverberates across other family relationships. Caregivng may have a negative influence as well as a positive influence.

In negative influence, the caregiver may experience a wrenching loss as an ageing parent or spouse seemingly becomes a different person (Abel, 1986). Siblings may quarrel over the division of caregiving tasks. And married couples may be strained by the loss of time couples have for each other when one spouse cares for an

ageing relative. Strawbridge and Wallhagen (1991) find that among 40 percent of the adult child, primary parent caregivers that they studied were experiencing serious conflict with another family member. Such conflict was most likely to occur between siblings because the sibling was not providing what the primary caregiver thought was a fair share of help. This conflict had a negative effect on the feelings of burden and prevalence of mental health problems. In recent years, we have come to recognize that most families can transcend enormous difficulties and survive with strong relationships. But we have also learned that child abuse; elderly abuse, dysfunctional families and conflicting family relations are even more common that we thought.

On the other hand, caregiving can also be a positive influence on the family relationship by bringing kin together to accomplish a shared goal, by making family members appreciate the contributions each makes to the family unit, and by reestablishing connections that may have been weakened over the years (Quadagno, 1999). Today, many family caregivers have become organized and empowered, recognizing that they represent a vital, voting constituency of middle-aged and older adults who stand to benefit as much from long-term care and elderly care policies as do their parents and spouses with disabilities (Kane & Penrod 1995).

Today very few people question the important role of families, and women in particular, in providing assistance---physical, emotional, financial---to elderly parents, spouses and other relatives and friends (Kane & Penrod 1995). The availability of informal caregivers willing to provide assistance with personal care, household maintenance, and other daily living tasks is often a decisive factor in determining whether or not the care needs of people with disabilities can be met outside of a nursing home or some other specialized residential care setting. Informal care continues to play a pivotal role in making non-institutional service options feasible (Kane & Penrod 1995).

c. Gender differences in caregiving

Nearly all studies of caregiving have found that women usually are the “primary caregivers” of ill and disabled family members. Among children who care for their elderly parents, 70 to 80 percent are daughters (Mui, 1992). Although the primary caregiver tends to be the daughter who has fewer competing obligations---usually one who is not working or is unmarried---many daughters take on the caregiving role regardless of their other responsibilities (Brody, 1990). Daughters who provide care for elderly parents do not give up their other obligations; they give up their free time.

When the sons provide care, they tend to perform different tasks than female caregivers. The division of labor among caregivers tends to replicate the general division of labor between males and females. Daughters are more likely to provide hands-on care such as feeding, dressing, bathing, or cleaning up after a bowel accident; sons are more likely to do household chores, arrange transportation and social services, and provide help with house repairs, yardwork and financial management (Stoller, 1994).

Men and women feel equally obligated to care for their parents. Wolfson and colleagues (1993) found no difference between sons and daughters in their expressed sense of moral obligation to provide financial, emotional and physical care nor were there any differences in their perceived ability to provide care. Caregiving reflects a broader gender division of labor. Men have been socialized to be family breadwinners. Their heavy investment in work has precluded their assuming caregiving responsibilities at any stage of the life course. Many middle-aged women have had tenuous ties to the labor force, moving in and out of employment or working part-time as they raised families. Because their primary responsibility has been for unpaid domestic labor, they are seen as natural caregivers (Stoller, 1994).

Men and women also respond differently to caregiving. Although both sons and daughters experience emotional strain from conflicts between caregiving and their other responsibilities, daughters perceive higher levels of stress and less satisfaction with life than sons. Gender differences in the caregiving experience may reflect that daughters perform more intimate tasks for their elderly parents than sons do or that they spend many more hours providing care. It may also be that women's identities and satisfaction are more tied up in the caregiving role. For example, daughters are more likely than sons to find caregiving stressful if their relationship with an elderly parent is strained (Mui, 1992).

The gender gap in caregiving disappears when husbands and wives care for each other. Husbands and wives provide many more hours of care than children. Although more wives care for their husbands than vice versa, when men are their wives' caregivers, they spend slightly more hours per week in caregiving than do women (Chang and White-Means, 1991).

The underlying assumption is that for women the problems focus on role conflicts and role overload. There has been little discussion beyond this of how

women actually experience work and care. There is, however, growing evidence of the positives of balancing work and care, greater emphases on men within the debates about informal caring, and the introduction of strategies within the workplace to enable carers to manage both work and caregiving. Such developments are helping to change our traditional perspectives on caring (Twigg & Atkin 1994).

d. Confucianism

The Confucian view which adopted the foundation of social relationship among Chinese people can be summarized: (1) Social order exists when all members of society honor the requirements of their role; (2) Proper behavior is possible and is defined through relationality; (3) Relationships are structured in accordance with nature, e.g. a formal hierarchal order exists. Dramatic changes are now challenging the Confucian ideal of the traditional family in Chinese communities throughout the world (Smith 1992). Confucianism emphasizes the obligation of children to take care of their elderly, because caregiving is a form of filial piety, and a voluntary return to their elder generation.

With the impact of social changes in various aspects, especially in urbanization, westernization, industrialization, technological developments, individualism, democracy, egalitarianism have also brought about dramatic social changes in the people who are seeking new patterns of family life and child rearing (Smith 1992). This impact in turn modified the influence of Confucianism.

2. Caregiver

a. Who is the caregiver?

Most studies of caregiving shown that adult children as caregivers, but daughters serve as primary caregivers in comparison to sons (Merrill 1997) About 70% of those caring for the elderly are women, and they are the care-receivers' daughters (Mui 1992, Cox & Parsons 1996). It is expected that gender differences are also in part due to different gender role expectations within the family (Merrill 1997). More that half of those women also work outside the home and nearly 40% are still raising children of their own. According to a 1988 government report in the USA, the average American woman spends 17 years raising children and 18 years helping aged parents. The extra responsibility affects every aspect of the caregiver's life whether the care is

24-hour-custodial, weekly visits or by long distance (Well Point Behavioral Health 2002).

A middle-aged woman caught between the generations, beset by role conflict as parent, wife and daughter as she strives to meet the needs of the aged parent, unsupportive husband and demanding adolescent children. Here, very graphically, is a portrait of the stereotypical caregiver: the "women in the middle", as they were described some 13 years ago by American gerontologist Elaine Brody (1990). However, since the mid 1980s, this stereotypical picture of a middle-aged female caregiver, has been tempered somewhat by the growing volume of both quantitative and qualitative work which has emerged from Europe and North America (Phillips & Bernard 1996). Who is the caregiver, and how to conclude that primary caregivers are women need to be re-evaluated.

b. Caregivers' burden

Caregivers of the frail elderly experience shoulder many costs. There are emotional strains, there is the loss of a familiar lifestyle that comes with greater confinement, and there are disrupted plans. The worse of many caregivers are compounded by the financial worry associated with having to pay for home care services, health care and nursing home care. Most research has concentrated on the psychological costs of caregiving, not on the rewards (Quadagno 1999).

Researchers distinguish between caregiver burden and caregiver stress: Burden typically refers to management of the tasks while stress refers to the strain felt by the caregiver (Quadagno 1999). The degree of stress felt by a caregiver depends partly on the coping skills she or he may have developed to deal with other life events and partly on the kind of social support available (Pearlin et al., 1996).

Contrary to what one might expect, women who are not employed outside the home report the greatest levels of stress. Unlike most workers, caregivers are free from supervision, but there are also no rewards available as incentives for good performance. Thus women who do not work outside the home may have fewer outlets for the release of tension, whereas employed caregivers may have a heavier burden but feel less stress because work provides satisfaction and stimulation (Scharlach, 1994).

c. Solutions for caregivers' burden

Caregiver support groups have had some success in reducing stress. These groups provide an outlet that allows caregivers to vent their frustrations and to spend time in a supportive environment. Individual and family counseling can also relieve distress, and help caregivers plan for their elder's future. Yet many caregivers have no access to support groups and counseling. Further, most counseling is short term, chronic situations that usually get worse, not better, with time (Quadagno 1999).

When the caregiver cannot balance the work and care, the stress will be the consequences of caregiving. The perspectives reviewed above illustrate some of the potential difficulties the caregiver might face in attempting to balance work and care. Feminists have seen women as locked into a dependency of caring. They see the way out as total release, giving women the opportunity to choose work or caring roles (Arber & Ginn 1991).

Negative consequences are also reported by employers, with absenteeism, tiredness and work interruptions all being included. To alleviate the stress, involvement by the individual in one role must be reduced or relinquished altogether (Arber & Ginn 1991). Factors affecting role strain vary, and much depends on what resources people have available to counteract the demands made upon them. Care recipient characteristics and behavior; the characteristics of the caregiver and the relationship between the two, will all influence the outcome (Arber & Ginn 1991). Undoubtedly, caring has many consequences for the caregiver, including financial hardship, employment disruption, interruption to social activities, and effects on the individual's mental health and physical well-being. However the extent to which the caregiver views such consequences as a burden, will depend on a whole multitude of personal and socio-environmental characteristics (Arber & Ginn 1991).

High levels of stress among caregivers have been found to be combined with high levels of satisfaction, highlighting the dynamic nature of the relationship (Grant & Nolan, 1993).

d. Why should caregivers feel guilty when they do so much?

Caregivers find themselves dominated by the need to satisfy their parent's spouse or other relative or friend's (care recipient's) every demand. If a caregiver defers to all requests, no matter how unreasonable, he or she is placing him/herself in a vulnerable

position that will cause stress. Sometimes, stress can be self-imposed, caused by the inability to satisfy goals. “The more responsibility the person assumes for being the care-receiver, the greater the burden.” When the older person is not given the opportunity to take care of his or her needs, to make any decisions, to assume any responsibilities that he or she may begin to feel like a non-person --- incompetent (powerless) and despairing (hopeless). The consequences may be depression, very common in such cases (Harris 1998).

e. Why caregiving may not be a problem for caregivers?

Some caregivers share an enriching closeness with the person for whom they care. Some feel pride in continuing a family and cultural tradition or gain special satisfaction from meeting a personal commitment to caregiving (Harris 1998). These are time off from caring; satisfaction with help from others; and receipt of services. Many studies also repeatedly show that stress is reduced when caregivers are happy with help given and are able to maintain social and emotional contact with other people (Arber & Ginn 1991).

Scharlach (1994) found positive aspects of caring, such as a sense of accomplishment and enhanced interpersonal relationships. He comments: “Working caregivers evaluate the adequacy of their role behavior not only in terms of the amount of time and effort they expand, but also in terms of the quality of the work they do and the care they provide. These qualitative aspects might help to explain why caregivers who are faced with competing work and care roles can still assess the overall experience as a positive one (Scharlach 1994).

Many caregivers derive gratification and satisfaction at different stages of the caring relationship, and for varying lengths of time. Studies show that many caregivers successfully adjust to the caring role, taking on new or additional demands (Evandrou 1997).

f. Reasons for caregivers to experience guilt

Some caregivers experience guilt during their caregiving process. Harris has pointed out the reasons (Harris 1998):

(1) Caregivers feel a responsibility toward making the elderly person happy. Caregivers who are literally destroying their lives to make the person happy and fail,

feel a strong sense of guilt --- guilt brought on by the failure to achieve an unrealistic goal that they set for themselves.

(2) Caregivers must learn to differentiate between realistic and unrealistic demands being made on them. It is important to evaluate the care recipient's limitations, capitalize on any strength they may have and then get help to meet some of the needs or demands. (This can be either volunteer or paid help)

(3) They are afraid of being criticized by family or friends who may see the caregiver as negligent.

(4) They are unwilling to take care of themselves, placing the care recipient's needs first.

(5) They fear losing the care recipient's love if they don't accede (consent/agree) to their every whim or demand.

(6) They fear a sense of loss at losing their own health or mind as they see happening in their care recipient.

(7) They feel intimidated when the elderly person expresses anger, fear or even cries.

(8) Most of all, they fear their own loss of independence.

g. How do caregivers cope with the strains of caregiving?

In coping with the strains of caregiving, Harris pointed out four ways to improve the situation (Harris 1998): (1) Realize that negative feeling and guilt are normal; (2) Take part in a caregiver support group; (3) Talk with a trusted friend, counselor, spiritual advisor and; (4) Family member and community services (such as Area Agency on Ageing) can provide information, assistance and support. Caregivers may have to care the elderly differently; it depends on their personality, relationship and age (Harris 1998).

According to Nancy Hooyman & Wendy Lustbader, abuse can be avoided if the caregiver has an outlet (such as support group) where emotions can be expressed, coping skills are offered and emotional support is given on an on-going basis (Harris

1998).

The compensation model and the segmentation model offer two such frameworks to cope with the strains. The former states that people tend to make up in a work setting for what is lost in their caregiving situation. For example, if we accept that one consequence of caring is a reduced social network and isolation from friends, the workplace may in fact be a compensatory setting, providing the caregiver with much needed company. Empirical research bears this out and demonstrates the positive aspects of combing work and care. Work can act as a buffer against the stress of caring; it enhances caregivers' feelings of self-efficacy and self-esteem; and it can lend protection against the loss of self (Staines 1980).

3. Sandwich Generation as Caregiver

a. Definition of sandwich generation

There are many definitions to define sandwich generation. They define sandwich generation as to those sandwiched between ageing parents who need care and /or help their own children at the same time (Morgan et.al 1998, Spillman & Pezzin 2000, Demko 2002). Schlesinger et al. refers to the growing numbers of middle-aged people who must care for both children and elderly parents while trying to manage the stress of a full-time job (Schlesinger et.al. 1998).

In Well Point Behavioral Health, sandwich generation is defined as an overwhelming mixture of emotions which comes with caring for an aged parent… sadness, frustration, guilt, devotion and love. "Sandwich generation" is the generation of women and men caught between caring for the older generation and younger generation… those who take care of or financially support an elderly parent while working and raising a family of their own. This is a "double whammy" that takes its toll in disrupted lives, stress and personal sacrifices. Many exhausted caregivers suffer from a sense of obligation as well as the need to be cheerful while trying to manage meals, money, health care and transportation for ageing parents (Well Point Behavioral Health 2002).

In this study, sandwich generation means the spouse of the middle generation in a three-generation family. The age of this generation is between 30 to 64, and they have at least one child. They have parents alive in at least one side of the spouse.

According to Kwok's thesis, 21.7% of Hong Kong families belonged to the three-generation family (Kwok 2000).

b. Possible negative outcomes of elderly caregiving for the sandwich generation

People today are feeling a tremendous pressure to "do it all", taking care of children and ageing parents while maintaining their career and home. People feel guilty when they run out of energy to handle all of the tasks. The great myth of our time is that we should be able to "do it all", like previous generations who seemed to have done it. The caregiver burnout brings the frustration, depression and despair that come with losing that capacity to care (Smith 2002).

The range of confusing emotions often results in "caregiver stress". The stress of being "sandwiched" between childcare and elderly care is beginning to show even in the workplace. In recent years, according to the American Association of Retired Persons, over 14 percent of women caregivers to the elderly have changed from full-time to part-time jobs and 12 percent have left the work force entirely (Well Point Behavioral Health 2002).

c. Why elderly caregiving is a problem to the sandwich generation?

Elderly caregiving is a problem for the women due to the overly heavy role of their work. "Women in the middle" who was in the past the caregiver to the young and old is now also a full-time member of the work force (Schlesinger et.al 1998). This new role as an employee together with the roles at home makes caregiving a problem to them.

Role conflicts exist in the sandwich generation. The role conflicts, are often in the form of being caught between the conflicting responsibilities of employment and caring for an aged parent. This increasingly common role conflict may detract from effectiveness at work, and sometimes results in cessation of employment in order to provide care. Although family leave (without pay) is now available, the ongoing demands of care for a parent with chronic health problems often forces choices between reducing and stopping work (with the attendant loss of income and reduction in pension benefits) and purchasing care from the formal sector (Matthews, Anne Martin ad Carolyn, J. Rosenthal. 1993). The dilemma, especially for adult daughters, remains fraught with the potential for role conflict (Morgan, Leslie & Kunkel, Suzanne 1998).

In relation to role conflict, Hareven points out that the timing of life transitions is related to external historical events to tell us the appropriate timing for life transitions, and also giving expectation for individuals to follow. Timing to go to work, to get married, to retire are constructed by historical conditions, and forces us to follow. Earlier or later then the expected timing of life transitions will be treated as inappropriate, and will cause stress and strain of the individual. The timing of transitions involves the balancing and timing of an individual's entry into and exit from different family work and community roles (education, family, work and community) over the life course (Hareven 1995). The synchronization of individual life transitions with collective family transitions involves most notably the juggling of multiple family-and work-related roles. Individuals engage in a variety of familial configurations that change and vary under different historical conditions (Hareven 1995). The tasks of synchronizing individual transitions with familial ones can generate tensions and conflicts, especially when individual goals are at odds with the needs and dictates of children's individual transitions and the demands and needs of ageing parents (Hareven 1995).

d. Causes of caregiver burnout

The cause of caregiver burnout is due to the changing roles that happen between adult children and their ageing parents. The dynamics that keeps a family together suddenly changes, and the line that separates parental and child roles becomes blurred.

The expectations of the caregiver also affect the quality of the caregiving. Often the rewards are intangible and far off and the lack of control he or she feels over the situation is compounded by other factors such as lack of finances, little or no family support, or poor management and planning skills. When the caregiver places unrealistic goals on the outcomes, there is no solid sense of direction. Feelings of isolation become more prevalent as the caregiver sees himself or herself spiraling downward into a pool of frustration and despair (Smith 2002).

e. Why is elderly caregiving not a problem to the sandwich generation?

Recent research argues that the problem is no as common as once believed. First, the peak for adult-child caregivers occurs between the ages of 45 and 54 (17 percent of this age group has a disabled older parent) By this age most women have raised

children beyond early childhood and into adolescence or young adulthood, times when parental demands may be waning. Second, as longevity increases and disability is delayed, the onset of caregiving responsibilities should occur at later ages for adult children, further reducing the potential for simultaneous, competing demands of older and younger generations (Cantor 1995).

Another study demonstrated that only 50 percent of women are facing this “dual responsibility”, with fewer actually facing demands from both generations. The potential for being in the middle is greatest for younger women, because their parents are surviving and their children are still in the household. But their parents are also still fairly young and healthy, generally not in need of assistance. By the time older parents reach ages where disability becomes prevalent, their grandchildren are typically launched, leaving women with caregiving responsibility toward only one generation (Rosenthal et. al. 1991).

In the above literature review, we know that there are pros and cons of caregiving to the elderly by the sandwich generation. Different conditions of the family, and different expectations of the caregiver will influence the situation. In the following chapters, we will use the sandwich generation in Hong Kong as the case to analyze the elderly care issue in Hong Kong.

Chapter Four. Methodology

1. Research Plan and Methodology

`Social survey was used in this study to investigate the caregiving role of the sandwich generation in coping with their elderly parents in Hong Kong. It includes two stages of data collection. The first stage is a pre-test, and we used in-depth interviews to interview 50 respondents. This information was constructed into the questionnaire at the second stage. At the second stage, this structured questionnaire was used to collect data through telephone interviews for an analysis of the caregivng role of the sandwich generation.

With the assistance of SPSS software, the analysis involved an examination of how different factors affect the caregiving role of the sandwich generation; and how various social and family factors and personal characteristics affect the sandwich generation in perceiving their caregiving roles.

2. Data Collection

This research adopted the Computer Assisted Telephone Interviewing (CATI) as a method to collect data. Academic, government, and commercial survey researchers increasingly use this method. One of the manifest advantages in terms of data collection is we can select representative samples automatically, and this method automatically prepares the data for analysis (Babbie, 2001).

The data collection process of telephone interviews was conducted in 2002. 503 samples were selected randomly for the survey. 2 stages of random sampling were used to ensure representativeness of the samples. The “CATI” system automatically generated phone samples from the telephone pool created from the Hong Kong Telephone Directory. The last 2 digits of the telephone number were replaced by 2 random numbers. The second stage of random sampling involved the selection of eligible samples within the households.

3. Population

The total population in the telephone survey includes all the sandwich generation

persons of the three-generation family. The other two generations within the three-generation family are not included in the population of this survey. The family members of all these sandwich generation respondents must be in Hong Kong and either living with other members or not living with other members. It is estimated that 21.7% of all families in Hong Kong belong to the three-generation family (Kwok 2000).

4. Sample Size

503 respondents are selected by random sampling from the population. This sample size was designed with reference to other similar studies (Avision & Noh 1986; Trute & MacDonald 1992; Wong & Shum 1995; Tang & Chung 1997).

5. Sampling Method

A two-stage sampling procedure was employed to select samples. At the first stage, the 50 cases of in-depth interview were obtained through the principal investigator and co-investigator's personal network. The selection of these cases was based on the respondent's different social class status --- middle class and working class.

At the second stage, samples will be selected by the systematic-random sampling method. Based on the data source of the Household Telephone Directories provided by the Hong Kong Telephone Company, 503 samples were selected by the systematic-random sampling method. All selected samples were approached through the telephone by trained interviewers with social science knowledge. When the interviewer cannot approach the selected sample at the first time, he or she was tried again for three times. If after three trials contact is still unsuccessful, this case was replaced by other supplementary cases from the Household Telephone Directories. Since the systematic-random sampling method is a representative sampling method, the characteristics of the sample can highly reflect the total population of the sandwich generation in Hong Kong.

6. Data Processing

a. In-depth interview

A pre-test was conducted to collect information for constructing the telephone-interview questionnaire. The pre-test used the in-depth interview method to collect information of 50 respondents that include 25 cases of sandwich generation persons and 25 cases of their elderly. Each of these in-depth interviews lasted for one to two hours to collect in-depth knowledge of the attitudes and behaviors of both the ones offering caregiving and the ones receiving it. This knowledge was used to design and refine the questionnaire used in the survey and analyze the research findings.

b. Telephone interview

In this part, five main categories of respondent information on the role of caregiving was investigated: (a) *Personal Characteristics:* The research team believed that the personal characteristics such as sex, age, educational level and income will exercise a great influence on the respondent's value and behavior toward their elderly. (b) *Belief and Perception of Filial Duties:* How they perceive the traditional filial duties. How they perceive the priority of the caregiving role as compared with other roles such as the role of being the husband / wife or the role of being the father / mother. (c) *Actual Performance:* How the respondents perform their caregiving role such as medical care, personal care, help with instrumental activities of daily living. (d) *Difficulties and Problems:* What difficulties and problems do the respondents experience when they perform their caregiving role? (e) *Conflicts:* Is there any conflict when respondents are performing the caregiving role? If yes, where is the source of the conflicts?

Chapter Five. Research Findings

The following data was collected by means of the "computer-aid telephone interview" (CATI) method to collect 503 samples. They are Hong Kong Chinese sandwich generations of the three-generation families. The respondents were aged 18 or above and are Hong Kong residents. In this study, 40 questions are used to measure the different domains on how they perceive the role of caregiving to their elderly parents in Hong Kong circumstances.

The categories included the general situation of caregiver; perception of caregiving; whose responsibility; living arrangement; stress perception and expectation to the governmental assistance in the caregiving issue and so on.

1. Identity of the Caregiver to the Elderly Care-receiver

Table 1. Identity of the caregiver to the care-receiver

Identity of the caregiver	Frequency	%
Son	167	33.2
Daughter	187	37.2
Daughter-in-law	117	23.3
Son-in-law	18	3.6
Grandson/ granddaughter	5	1.0
Other	7	1.4
Unwilling to answer	2	0.4
Total	**503**	**100.0**

In Table 1, the majority caregivers are the daughter (37.2%) and son (33.2%). Only 23.3 % of the respondent is the daughter-in-law, and only 3.6% of the respondent is the son-in-law.

Table 2. Identity of the major caregiver for the care-receiver

Identity of the major caregiver	Frequency	%
His/her son	190	37.8
His/her daughter	129	25.6
His/her daughter-in-law	45	9.0
His/her son-in-law	14	2.8
Housework assistance	15	3.0
Elderly home	8	1.6
Other	41	8.2
His/her spouse	9	1.8
Forgot /don't know	40	8.0
Unwilling to answer	9	1.8
Total	**503**	**100.0**

In Table 2, the majority major caregiver is the son of the care-receiver (37.8%), and the second majority major caregiver is the daughter (25.6%). The daughter-in-law (9.0%) and son-in-law (2.8%) as major caregivers are only minority.

From the data of Table 1 and Table 2, we know that the daughter and son are the majority of the caregiver or major caregiver, and the percentage of the daughter-in-law and son-in-law dropped seriously.

2. Identity and Actual Caregiving to Elderly Care-receiver

a. Identity and actual emotional support to elderly care-receiver

We find that it has statistical significance but a weak relationship between identity and emotional support to the care-receiver (Cramer's V= 0.201, P=0.000). The son, daughter, daughter-in-law always provides emotional support to the care-receiver, but the son-in-law sometimes gives emotional support to the care-receiver.

Table 3. Identity and actual emotional support to elderly care-receiver

Frequency in emotional support	Son	Daughter	Daughter-in-law	Son-in-law
Always	78 (46.7)	117 (62.6)	56 (47.9)	6 (33.3)
Sometimes	62 (37.1)	49 (26.2)	40 (34.2)	8 (44.4)
Seldom	11 (6.6)	12 (6.4)	10 (8.5)	3 (16.7)
Never	16 (9.6)	8 (4.3)	10 (8.5)	0 (0.0)
No comment	0 (0.0)	1 (0.5)	1 (0.9)	1 (5.6)
Unwilling to answer	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Total	**167 (100%)**	**187 (100%)**	**117 (100%)**	**18 (100%)**

(Cramer's V=0.201, P=0.000)

b. Identity and actual financial support to elderly care-receiver

Table 4. Identity and actual financial support to elderly care-receiver

Frequency in financial support	Son	Daughter	Daughter-in-law	Son-in-law
Always	88 (52.7)	76 (40.6)	64 (54.7)	10 (55.6)
Sometimes	53 (31.7)	60 (32.1)	26 (22.2)	8 (44.4)
Seldom	8 (4.8)	21 (11.2)	12 (10.3)	0 (0.0)
Never	16 (9.6)	29 (15.5)	15 (12.8)	0 (0.0)
No comment	0 (0.0)	1 (0.5)	0 (0.0)	0 (0.0)
Unwilling to answer	2 (1.2)	0 (0.0)	0 (0.0)	0 (0.0)
Total	**167 (100%)**	**187 (100%)**	**117 (100%)**	**18 (100%)**

(Cramer's V=0.118, P=0.237)

c. Identity and actual nursery support to elderly care-receiver

Table 5. Identity and actual nursery support to elderly care-receiver

Frequency in nursery support	Son	Daughter	Daughter-in-law	Son-in-law
Always	11 (6.6)	7 (3.7)	4 (3.4)	0 (0.0)
Sometimes	11 (6.6)	16 (8.6)	8 (6.8)	1 (5.6)
Seldom	14 (8.4)	16 (8.6)	12 (10.3)	1 (5.6)
Never	131 (78.4)	147 (78.6)	93 (79.5)	16 (88.9)
No comment	0 (0.0)	1 (0.5)	0 (0.0)	0 (0.0)
Unwilling to answer	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Total	**167 (100%)**	**187 (100%)**	**117 (100%)**	**18 (100%)**

(Cramer's V=0.076, P=0.985)

d. Identity and actual daily life support to elderly care-receiver

Table 6. Identity and actual daily life support to elderly care-receiver

Frequency in daily life support	Son	Daughter	Daughter-in-law	Son-in-law
Always	18 (10.8)	19 (10.2)	20 (17.1)	3 (16.7)
Sometimes	30 (18.0)	40 (21.4)	14 (12.0)	3 (16.7)
Seldom	28 (16.8)	30 (16.0)	13 (11.1)	3 (16.7)
Never	91 (54.5)	98 (52.4)	70 (59.8)	9 (50.0)
No comment	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Unwilling to answer	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Total	**167 (100%)**	**187 (100%)**	**117 (100%)**	**18 (100%)**

(Cramer's V=0.102, P=0.606)

e. Identity and actual intellectual support to elderly care-receiver

Table 7. Identity and actual intellectual support to elderly care-receiver

Frequency in intellectual support	Son	Daughter	Daughter-in-law	Son-in-law
Always	43 (25.7)	47 (25.1)	30 (25.6)	6 (33.3)
Sometimes	53 (31.7)	61 (32.6)	28 (23.9)	6 (33.3)
Seldom	24 (14.4)	26 (13.9)	13 (11.1)	1 (5.6)
Never	45 (26.9)	53 (28.3)	44 (37.6)	4 (22.2)
No comment	1 (0.6)	0 (0.0)	2 (1.7)	1 (5.6)
Unwilling to answer	1 (0.6)	0 (0.0)	0 (0.0)	0 (0.0)
Total	**167 (100%)**	**187 (100%)**	**117 (100%)**	**18 (100%)**

(Cramer's V=0.104, P=0.623)

In financial support, nursery support, daily life support, and intellectual support, the research data shows that it has no statistical significance with identity. No matter what identity that family member belongs to, they always or sometimes give financial support to the care-receiver, since financial support is important and essential especially with the weak social security protection in Hong Kong, while financial support has a symbolic meaning to show that the caregiver respects his/her care-receiver.

3. Living Arrangement

In living arrangement, it includes living distance of the caregiver with the care-receiver, and the identity of the family member who is living with the care-receiver.

Table 8. Living distance of respondent with care-receiver

Living distance	Frequency	%
Living together under the same roof	**125**	24.9
Living together in the same building	9	1.8
Living in a nearby region within 30 min. traveling	159	31.6
Living in a region with more than 30 min. traveling	209	41.6
Don't know	1	0.2
Total	**503**	**100.0**

Table 9. Living arrangement of the elderly

Living arrangement of the elderly	Frequency	%
Living with the son	190	37.8
Living with daughter	84	16.7
Living with daughter-in-law	29	5.8
Living with son-in-law	6	1.2
Living with spouse	80	15.9
Living with relatives	9	1.8
Living alone	76	15.1
Living in elderly home	15	3.0
Living with others without blood relationship	3	0.6
Other	8	1.6
Forgot /don't know	1	0.2
Unwilling to answer	2	0.4
Total	**503**	**100.0**

Table 8 and Table 9 show the living arrangement of the sandwich generation with their elderly generation. According to Table 3, the majority of the respondents

(41.6%) state that they are living with their elderly generation in the nearest region with over 30 minutes traveling distance. 58.3% of the respondents say that they are living nearby their elderly generation or just co-residing with them. In Table 4, 22.8% of the care-receivers are living with their sons, and 16.7% of the care-receivers are living with their daughter.

In relationship between living arrangement and caregiving, we find that there is a relationship between living arrangement with emotional support (Cramer's V= 0.142, P=0.004), daily life support (Cramer's V= 0.251, P=0.000) and intellectual support (Cramer's V= 0.137, P=0.009), but have no relationship with financial support (Cramer's V= 0.111, P=0.201) and nursery support (Cramer's V= 0.078, P=0.727). But we would like to point out that their relationships are weak.

4. Situation of Elderly Care-receiver

Table 10. The age of the care-receiver

The age of the care-receiver	Frequency	%
40-49	2	0.4
50-59	21	4.2
60-69	98	19.5
70-79	217	43.2
80-89	141	28.0
90 or above	16	3.2
Forgot /don't know	5	1.0
Unwilling to answer	3	0.6
Total	**503**	**100.0**

Regardless of the living arrangement; the age of the first generation is shown in Table 10. The majority (43.2%) of the care-receivers' age is between 70-79, and 31.2% of the care-receivers' age is 80 or above.

Table 11. Level of self-care ability of the care-receiver

Level of self-care ability	Frequency	%
Absolutely capable	231	45.9
Capable	190	37.8
Neutral	41	8.2
Incapable	26	5.2
Absolutely incapable	12	2.4
Don't know /no comment	2	0.4
Unwilling to answer	1	0.2
Total	**503**	**100.0**

In Table 11, 83.7% of the care-receivers who are either absolutely capable or capable of taking care of themselves. Only 7.6% of the care-receivers are either incapable or absolutely incapable of taking care of themselves. The health condition of the care-receivers is fine in general, and this condition to a certain extent makes the caregiver receive less pressure.

5. Typology of Support on Caregiving

a. Financial support for the elderly care-receiver

The son or daughter is the two major financial providers to financial support the elderly generation. The percentage of the daughter-in-law and son-in-law as major caregiver is very low.

Table 12. Major financial provider for the elderly

Financial provider	1st provider	2nd provider	3rd provider	4th provider
Myself (His/her son)	54 (19.7)	7 (7.8)	0 (0)	0 (0)
Myself (His /her daughter)	54 (19.7)	11 (12.2)	1 (4.2)	0 (0)
Myself (His/her daughter-in-law)	12 (4.4)	9 (10.0)	0 (0)	0 (0)
Myself (His/her son-in-law)	4 (1.5)	0 (0)	0 (0)	0 (0)
My Husband (His/her son)	28 (10.2)	1 (1.1)	1 (4.2)	0 (0)
My Husband (His/her son-in-law)	8 (2.9)	1 (1.1)	0 (0)	0 (0)
My Wife (His /her daughter)	5 (1.8)	1 (1.1)	0 (0)	0 (0)
My Wife (His /her daughter-in-law)	1 (.4)	0 (0)	0 (0)	0 (0)
His /her other sons	32 (11.7)	41 (45.6)	1 (4.2)	1 (50.0)
His/her other daughters	15 (5.5)	11 (12.2)	16 (66.7)	0 (0)
His/her other daughter-in-law	1 (.4)	0 (0)	0 (0)	0 (0)
Government	23 (8.4)	7 (7.8)	5 (20.8)	1 (50.0)
Other	9 (3.3)	1 (1.1)	0 (0)	0 (0)
His/her spouse	1 (.2)	0 (0)	0 (0)	0 (0)
Forgot/don't know	24 (4.8)	0 (0)	0 (0)	0 (0)
Unwilling to answer	3 (1.1)	0 (0)	0 (0)	0 (0)
Total	**274 (100%)**	**413 (100%)**	**24 (100%)**	**2 (100%)**

For the frequency of financial support to the care-receiver, Table 13 states that, 78.3% of the respondents report that they either always or sometimes give financial support to their elderly generation. On the other hand, 21.0% of the respondents state that they either rarely or never give financial support to their elderly generation.

Table 13. Financial support for the caregiver to the care-receiver

Financial support	**Frequency**	**%**
Always	240	47.7
Sometimes	154	30.6
Rarely	42	8.3
Never	64	12.7
No comment	1	0.2
Unwilling to answer	2	0.4
Total	**503**	**100.0**

b. Emotional support for the elderly care-receiver

Table 14. Emotional support for the caregiver to the care-receiver

Emotional support	**Frequency**	**%**
Always	266	52.9
Sometimes	163	32.4
Rarely	36	7.2
Never	34	6.8
No comment	3	0.6
Unwilling to answer	1	0.2
Total	**503**	**100.0**

In Table 14, 85.3% of the respondents state that they always or sometimes give emotional support to their elderly generation. On the other hand, 14.0% of the respondents state that they either rarely or never give emotional support to their elderly generation.

c. Nursery support for the elderly care-receiver

Table 15. Nursery care support for the caregiver to the care-receiver

Nursery care support	Frequency	%
Always	23	4.6
Sometimes	36	7.2
Rarely	45	8.9
Never	398	79.1
No comment	1	0.2
Total	**503**	**100.0**

In Table 15, 79.1% of the respondent state that they never give daily care support to their elderly generation. On the other hand, 4.6% of the respondent state that they always give daily cares support to their elderly generation.

d. Daily living support for the elderly care-receiver

Table 16. Daily living support for the caregiver to the care-receiver

Daily living support	Frequency	%
Always	62	12.3
Sometimes	88	17.5
Rarely	75	14.9
Never	278	55.3
Total	**503**	**100.0**

In Table 16, 55.3% of the respondents state that they never give daily living support to their elderly. On the other hand, 12.3% of the respondent state that they always give daily living support to their elderly.

e. Intellectual support for the elderly care-receiver

Table 17. Intellectual support for the caregiver to the care-receiver

Intellectual support	Frequency	%
Always	131	26.0
Sometimes	151	30.0
Rarely	67	13.3
Never	149	29.6
No comment	4	0.8
Unwilling to answer	1	0.2
Total	**503**	**100.0**

In Table 17, 56.0 % of the respondents state that they either always or sometimes give intellectual support to their elderly generation. On the other hand, 42.9 % of the respondents state that they either rarely or never give intellectual support to their elderly generation.

6. Stress Perception by the Sandwich Generation

Table 18. Level of stress when just taking care of the first generation

Level of stress	Frequency	%
Very tough	60	11.9
Fairly tough	102	20.3
Neutral	57	11.3
Not tough	213	42.3
Very not tough	53	10.5
Don’t know /no comment	17	3.4
Unwilling to answer	1	0.2
Total	**503**	**100.0**

Table 19. Level of stress when taking care of the three generations at the same time

Level of stress	Frequency	%
Very tough	134	26.6
Fairly tough	132	26.2
Neutral	63	12.5
Not tough	138	27.4
Very not tough	24	4.8
Don't know /no comment	10	2.0
Unwilling to answer	2	0.4
Total	**503**	**100.0**

Table 18 and Table 19 represent the stress perception of the caregiver. In Table 18, 52.8% of the respondents report that this is either "not tough" or "not very tough" to solely give care to their senior generation. On the other hand, 10.5% of the respondents state that they find themselves "very not tough" when they solely take care of the elderly.

In Table 19, 32.2% of the respondents claim that this is either "not tough" or "very not tough" to solely take care of the three generations at the same time.

In Table 20, among the several aspects of support, financial support and emotional support are the two aspects that the caregivers perceived most strongly.

Table 20. Perception of the most stressful aspects on caregiving

Most stressful aspects on caregiving	1st stressful	2nd stressful	3rd stressful
Emotional care	85 (16.9)	15 (21.1)	0 (0)
Financial support	98 (19.5)	19 (26.8)	3 (33.3)
Nursing care	39 (7.8)	14 (19.7)	2 (22.2)
Daily life care	33 (6.6)	11 (15.5)	2 (22.1)
Intellectual Support	8 (1.6)	5 (7.0)	2 (22.2)
Maintain good relationship	17 (3.4)	5 (7.0)	0 (0)
Consider work and caregiving	7 (1.4)	1 (1.4)	0 (0)
Other	3 (.6)	1 (1.4)	0 (0)
None	200 (39.8)	0 (0)	0 (0)
Don't know /no comment	12 (2.4)	0 (0)	0 (0)
Unwilling to answer	1 (.2)	0 (0)	0 (0)
Total	**503(100)**	**71(100%)**	**9 (100%)**

7. People who Share the Duties with Caregiver

Table 21. People who share the caregiving duties

Share the duties with caregiver	The first one sharing duty	The second one sharing duty
My husband	112 (22.3)	3 (10.3)
My wife	103 (20.5)	0 (0)
My daughter	12 (2.4)	6 (20.7)
My son	8 (1.6)	5 (17.2)
Domestic helper	14 (2.8)	9 (31.0)
Other	38 (7.6)	0 (0)
My brothers & sisters	47 (9.3)	4 (13.8)
His /her spouse	3 (.6)	2 (6.9)
All of the family members	2 (.4)	0 (0)
No one share the duties	146 (29.0)	0 (0)
Don't know	14 (2.8)	0 (0)
Unwilling to answer	4 (.8)	0 (0)
Total	**503 (100%)**	**29 (100%)**

In Table 21, the spouse is the major one (42.8%) who shares the caregiving duties with the caregiver. The second ones (37.9%) are the children and the domestic helper (31.0%).

8. Unemployment as a Variable Affecting the Burden of Caregiver

In Table 22, 69.7% of the respondents reports they are either "very worried" or "fairly worried" about themselves/ their spouse becoming unemployed. 6.0% of the respondents report that themselves/ their spouse are already unemployed.

Table 22. Level of worry about the risk of unemployment

Level of worry	Frequency	%
Very worried about it	218	43.3
Fairly worried about it	133	26.4
Not worried about it	112	22.3
Unemployed	30	6.0
Don't know /no comment	8	1.6
Unwilling to answer	2	0.4
Total	**503**	**100.0**

Table 23. Level of influence when himself/herself/spouse is unemployed

Level of influence	Frequency	%
Seriously influenced	200	39.8
A bit influenced	170	33.8
No influence	112	22.3
Don't know / no comment	20	4.0
Unwilling to answer	1	0.2
Total	**503**	**100.0**

In Table 23, 73.6% of the respondents express that if himself/herself/ spouse is unemployed, it will "seriously influence" or "a bit influence" their living. Only 22.3% of the respondents express that there will be no influence on their livings in case of unemployment.

9. Perception on the Caregiving Towards the Different Generations

a. Feeling a hardship to take care of the other generations

In Table 24, 52.3% of the respondents report they are feeling a hardship to take care of the third generation; whereas 14.5% of the respondents report that they are feeling a hardship to take care of the first generation. On the other hand, only 6.8% of the respondents claim that they are "not feeling any hardship to take care of both the 1st and 3rd generations".

Table 24. Feeling a hardship to take care of the other generations

Feeling a hardship to take care	Frequency	%
Feeling hardship to take care of the 1st generation	73	14.5
Feeling hardship to take care of the 3rd generation	263	52.3
Feeling hardship to take care of both 1st and 3rd generations	114	22.7
Not feeling of hardship to take care of both 1st and 3rd generations	34	6.8
Don't know / no comment	18	3.6
Unwilling to answer	1	0.2
Total	**503**	**100.0**

b. Principle for taking care of the elderly

Table 25. Principle for taking care of the elderly

Principle for providing care	Frequency	%
Putting the needs of the 1st generation as first priority	77	15.3
Taking care of the needs of the 3rd generation than the 1st generation	91	18.1
Taking care of the needs of myself than the 1st generation	71	14.1
Taking care of the needs of three generations to seek a balance	222	44.1
Other	1	0.2
Depends on the situation	8	1.6
Don't know / no comment	32	6.4
Unwilling to answer	1	0.2
Total	**503**	**100.0**

In Table 25, 44.1% of the respondents states that they will make use of the principle of "taking care of the needs of three generations in order to seek a balance". On the other hand, 14.16% of the respondents state that they will "take care of their own needs than the needs of the first generation".

c. Taking care of the first generation as a duty of filial piety

Table 26. Taking care of the first generation as filial piety

Taking care as filial piety	Frequency	%
Absolutely agree	166	33.0
Agree	211	41.9
Partly agree	41	8.2
Disagree	0	0.0
Absolutely disagree	59	11.7
Don't know /no comment	10	2.0
Unwilling to answer	16	3.2
Total	**503**	**100.0**

In Table 26, 74.9% of the respondents "absolutely agree" or "agree" on the statement of "taking care of elderly parents as filial piety". On the other hand, 11.7% of the respondents absolutely disagree that the care is a form of filial piety.

d. Perception in elderly care

In Table 27, 90.2% of the respondents either "absolutely agree" or "agree" on the statement of "adult children should have a responsibility to take care of the parents". On the other hand, only 1.0% of the respondents disagree on the statement of "adult children should have a responsibility to take care of the parents".

Table 27. Adult children should have a responsibility to take care of their parents

Should have a responsibility to take care	Frequency	%
Absolutely agree	224	44.5
Agree	230	45.7
Partly agree	36	7.2
Disagree	5	1.0
Don't know /no comment	8	1.6
Total	**503**	**100.0**

Table 28. Adult children should sacrifice their time, money and energy to take care of their parents

Sacrifice their time, money and energy	Frequency	%
Absolutely agree	136	27.0
Agree	212	42.1
Partly agree	76	15.1
Disagree	54	10.7
Absolutely disagree	2	0.4
Don't know / no comment	21	4.2
Unwilling to answer	2	0.4
Total	**503**	**100.0**

In Table 28, 69.1% of the respondents either "absolutely agree" or "agree" on the statement of "adult children should sacrifice their time, money and energy to take care of their parents". Only 0.4% of the respondents absolutely disagree on the statement.

Table 29. Adult children not only should financially take care of their parents but also need to take care of them

Also need to take care of their parents	Frequency	%
Absolutely agree	236	46.9
Agree	229	45.5
Partly agree	26	5.2
Disagree	7	1.4
Don't know/ no comment	3	0.6
Unwilling to answer	2	0.4
Total	**503**	**100.0**

In Table 29, 92.4% of the respondents either "absolutely agree" or "agree" on the statement of "adult children should not only take care of their parents financially but also need to take care of them". Only 1.4% of the respondents disagree on the statement.

Table 30. Adult children should take care of their parents even with no return of benefits

Take care even with no return of benefits	Frequency	%
Absolutely agree	208	41.4
Agree	246	48.9
Partly agree	23	4.6
Disagree	10	2.0
Don't know / No comment	12	2.4
Unwilling to answer	4	0.8
Total	**503**	**100.0**

In Table 30, over 89% of the respondents absolutely agree or agree on the statement of "adult children should take care of their parents even with no return". On the other hand, 2.0% of the respondents disagree on the statement of "adult children should take care of their parent even with no return".

e. Perception in freedom of choice to elderly care

Table 31. If you can choose not to take care of the elderly parents, will you be still willing to take care of them?

If you can choose not to take care	Frequency	%
Will be willing to	381	75.7
May be willing to	54	10.7
Partly willing to	10	2.0
May not be willing to	15	3.0
Will be not willing to	15	3.0
Depends on the relationship	2	0.4
Depends on time availability	5	1.0
Depends on the energy	4	0.8
Depends on other caregivers	3	0.6
Don't know / No comment	10	2.0
Unwilling to answer	4	0.8
Total	**503**	**100.0**

In Table 31, 75.7% of the respondents claims that they will be willing to take care of their first / senior generation even if they can choose not to take care of them. On the other hand, 0.4% of the respondents claim that it will depend on the relationship with their first / senior generation to give care in a situation if they can

choose not to take care of them.

f. Perception on the priority of elderly care responsibility

Table 32. Perception on the priority of elderly care responsibility

Priority	1st respon.	2nd respon.	3rd respon.	4th respon.	5th respon.	6th respon.	7th respon.
Son	356 (70.8)	28 (8.8)	2 (3.1)	1 (5.0)	0 (0)	0 (0)	0 (0)
Daughter	52 (10.3)	254 (80.1)	13 (20.0)	2 (10.0)	1 (12.5)	0 (0)	0 (0)
Daughter-in-law	5 (1.0)	19 (6.0)	27 (41.5)	0 (0)	2 25.0)	0 (0)	0 (0)
Son-in-law	1 (0.2)	4 (1.3)	4 (6.2)	14 (70.0)	0 (0)	1 (20.0)	0 (0)
Elderly themselves	32 (6.4)	3 (.9)	4 (6.2)	0 (0)	3 (37.5)	0 (0)	0 (0)
Spouse	7 (1.4)	5 (1.6)	1 (1.5)	0 (0)	0 (0)	3 (60.0)	0 (0)
Other family members	5 (1.0)	4 (1.3)	5 (7.7)	0 (0)	1 (12.5)	0 (0)	1 (50.0)
Government	6 (1.2)	0 (0)	9 (13.8)	3 (15.0)	1 (12.5)	0 (0)	1 (50.0)
Other	13 (2.6)	0 (0)	0 (0)	0 (0)	0 (0)	1 20.0)	0 (0)
All family members	5 (1.0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Don't know/ no comment	19 (3.8)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Unwilling to answer	2 (.4)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Total	**503(100%)**	**317(100%)**	**65(100%)**	**20(100%)**	**8(100%)**	**5(100%)**	**2(100%)**

In the priority of elderly care responsibility; the most popular priority is the son, daughter, daughter-in-law, son-in-law, the elderly themselves, the spouse, and the government. It is worth if to note that respondents put the government as the 7th priority.

10. Governmental Responsibility for Elderly Care

In the needs of governmental support to their elderly care, 54.5% of the respondents say they either "extremely need" or "need" governmental support. But 43.8% say they have either "no need" or "extremely no need".

Table 33. Level of needs for governmental support to caregiving

Level of needs for governmental support	Frequency	%
Extremely needed	77	15.3
Needed	197	39.2
Not needed	201	40.0
Extremely not needed	19	3.8
Don't know / No comment	8	1.6
Unwilling to answer	1	0.2
Total	**503**	**100.0**

In Table 34, the majority (46.9%) thinks that the role of government assistance to the family to take care of the elderly is effective, and 25.2% think that government should assist the elderly to take care of themselves. Only 11.5% considers that government should replace the family to take care of the elderly.

Table 34 Attitude on governmental support to the elderly

Attitude on governmental support	Frequency	%
Government should replace the family to take care of the elderly	58	11.5
Government should assist the family to take care of the elderly	236	46.9
Government should assist the elderly to take care of themselves	127	25.2
Other	12	2.4
Don't know /no comment	66	13.1
Unwilling to answer	4	0.8
Total	**503**	**100.0**

11. Perception on the Family Boundary and Priority of Care Responsibility Towards Family Members

In the perception on the family boundary, the most popular include my sons/daughters, my parents, spouse/ my parents/ spouse's parents. The priority of responsibility is sons/daughters first, the second is my parents, and the third includes three elements: spouse, my parents, and spouse's parents.

Table 35. Perception on the family boundary and priority of care responsibility towards family members

My responsibility priority	1st responsibility	2nd resp.	3rd resp.	4th resp.	5th resp.	6th resp.
Spouse	50 (9.9)	36 (14.8)	28 (28.0)	12 (44.4)	0 (0)	0 (0)
My sons /daughters	254 (50.5)	89 (36.5)	13 (13.0)	1 (3.7)	0 (0)	0 (0)
My parents	120 (23.9)	94 (38.5)	28 (28.0)	0 (0)	0 (0)	0 (0)
Spouse's parents	9 (1.8)	23 (9.4)	28 (28.0)	13 (48.1)	1 (14.3)	0 (0)
Others	17 (3.4)	1 (0.4)	3 (3.0)	1 (3.7)	6 (85.7)	1 (.2)
Don't know /no comment	51 (10.1)	1 (0.4)	0 (0)	0 (0)	0 (0)	0 (0)
Unwilling to answer	2 (.4)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Total	**503(100%)**	**259(100%)**	**100(100%)**	**27(100%)**	**7(100%)**	**1 (100%)**

12. Projected Trend of Elderly Care from the Next Generation

In the projected trends of elderly care from the next generation, 23.1% of respondents said that when their next generation become adults, they either "absolutely will" or "most likely will" take care of them. But 16.3% of the respondents think that their next generation either "may not" or "most likely will not" take care of them when they become old.

Table 36. Projected trend of elderly care from the next generation

Elderly care from the next generation	Frequency	%
Absolutely will	31	6.2
Most likely will	85	16.9
May be willing	43	8.5
Half and half	72	14.3
May not	35	7.0
Most likely will not	47	9.3
Absolutely will not	17	3.4
Don't know/ no comment	172	34.2
No answer	1	0.2
Total	**503**	**100.0**

In the projected trend of cohabitation chance, Table 37 shows that 13.5% of respondents think their younger generation either "absolutely will" or "most likely will" cohabit with the other. If they use cohabitation instead of getting married, 25.3% of the respondents think that the sex partner either "most likely will not" or "absolutely will not" take care of their elderly.

Table 37. Projected trend of the next generation cohabiting

The next generation will cohabit	Frequency	%
Absolutely will	10	2.0
Most likely will	58	11.5
May be willing	19	3.8
Half and half	69	13.7
May not be	15	3.0
Most likely will not	87	17.3
Absolutely will not	29	5.8
Temporary phenomenon	16	3.2
Don't know/ no comment	198	39.4
No answer	2	0.4
Total	**503**	**100.0**

Table 38. Projected trend of cohabited partner's wish in elderly care

Cohabited partner's wish in elderly care	Frequency	%
Absolutely will	6	1.2
Most likely will	32	6.4
May be willing	29	5.8
Half and half	39	7.8
May not be	24	4.8
Most likely will not	103	20.5
Absolutely will not	64	12.7
Don't know/ no comment	201	40.0
No answer	5	1.0
Total	**503**	**100.0**

13. Profile of the Respondents

a. Age

The majority of respondents were 40-44 (28.2%), 45-49 (20.1%), and 35-39 (17.5%).

Table 39. Age of respondents

Age	Frequency	%
20-24	3	0.6
25-29	17	3.4
30-34	51	10.1
35-39	88	17.5
40-44	142	28.2
45-49	101	20.1
50-54	62	12.3
55-59	16	3.2
60-64	9	1.8
65 or above	2	0.4
Unwilling to answer	12	2.4
Total	**503**	**100.0**

b. Gender

Table 40. Gender of respondents

Gender	Frequency	%
Male	190	37.8
Female	313	62.2
Total	**503**	**100.0**

In gender distribution, the majority of respondents were female (62.2%), whereas there were 37.8% of male respondents.

c. Income level

Table 41. Average monthly income of respondents

Monthly income	**Frequency**	**%**
Below $5,000	17	3.4
$5,000-$9,999	55	10.9
$10,000-$14,999	103	20.5
$15,000-$19,999	40	8.0
$20,000-$24,999	65	12.9
$25,000-$29,999	16	3.2
$30,000 or above	100	19.9
Don't know / Forgot	59	11.7
Unwilling to answer	48	9.5
Total	**503**	**100.0**

According to Table 41, the largest group is the respondents earning $10,000-$14,999 monthly.

d. Occupation and nature of work

In the occupation of the respondents, the most popular is housewife (24.3%), the second one is clerk, and the third one is manger and administrator (11.3%).

Table 42. Occupation of respondents

Occupation	Frequency	%
Manager & administrator	57	11.3
Professional	29	5.8
Associate professional	30	6.0
Clerk	59	11.7
Service worker	52	10.3
Shop sales worker	20	4.0
Skilled agricultural & fishery workers	1	0.2
Craft & related worker	9	1.8
Plant & machine operator & assembler	18	3.6
Non-technician	46	9.1
Student	1	0.2
Housewife	122	24.3
Unemployed	31	6.2
Retired	11	2.2
Unwilling to answer	17	3.4
Total	**503**	**100.0**

e. Job nature of respondents

Table 43. Job nature of respondents

Job nature	Frequency	%
Full-time	278	55.3
Part-time	56	11.1
Student	1	0.2
Housewife	114	22.7
Unemployed	37	7.4
Retired	13	2.6
Unwilling to answer	4	0.8
Total	**503**	**100.0**

According to Table 43, 55.3% of respondents have a full-time job. On the other hand, 22.7% of respondents are housewives. In this case, "housewife" has two implications, which include women who have no participation in the labor market and women who have unemployed.

f. Number of care-receivers receiving care from care-giver

Table 44. Number of younger care-receivers receiving care from the sandwich generation

Number of younger care-receivers	Frequency	%
1	149	29.6
2	260	51.7
3	65	12.9
4	16	3.2
5	2	0.4
6	3	0.6
7	3	0.6
8	1	0.2
9	1	0.2
10	2	0.4
Unwilling to answer	1	0.2
Total	**503**	**100.0**

According to Table 44, 51.7% of the sandwich generation should take care of two younger care-receivers in Hong Kong. The least numerous of 29.6% of respondents take care of one younger care-receiver.

g. The age of the younger care-receiver

Table 45. The age of the younger care-receiver

The age of the younger care-receiver	Frequency	%
0-4	123	24.5
5-9	127	25.2
10-14	103	20.5
15-19	79	15.7
20-24	47	9.3
25-29	16	3.2
30-34	4	0.8
35-39	0	0.0
40-44	1	0.2
Forgot / Don't know	1	0.2
Unwilling to answer	2	0.4
Total	**503**	**100.0**

In Table 45, it shows that the age distribution of the younger care-receiver among the respondents. 25.2 % of respondents need to give care to 5-9 years old younger care-receivers. The second largest proportion of 24.5% of respondents state they need to take care of 0-4 years old younger care-receivers.

h. Number of elderly care-receivers

Table 46. Number of elderly care-receivers receiving care

Number of elderly care-receivers	Frequency	%
1	192	38.2
2	204	40.6
3	59	11.7
4	41	8.2
5	2	0.4
10	1	0.2
Forgot /don't know	3	0.6
Unwilling to answer	1	0.2
Total	**503**	**100.0**

In Table 46, 40.6% of the sandwich generation claim that they have to take care of 2 elderly persons. 38.2 % of the respondents state that they have to take care at least 1 elderly.

Chapter Six. Analysis

1. General Situation

a. Population aging

Population ageing is a global phenomenon. Over the past few years, the world's population has continued on its remarkable transition path from a state of high birth and death rates to one characterized by low birth and death rates. Such a rapid, large and ubiquitous growth has never been seen in the history of civilization (United Nations 2002). Globally, ageing creates enormous pressure on the economic, social and political structures and policies (Belt et al. 2001). It causes Eastern societies to turn to the state to provide more care to the elderly, while Western societies are increasingly recognizing the important role of family care (Bengtson et. al 2000; United Nations 1996; Liu & Kendig 2000). The speed of ageing in Hong Kong is progressing at a much faster rate than in Western countries (Chi 1999). Therefore, there is a need to prepare for the tremendous demographic transition and its subsequent impact. In view of Hong Kong moving to smaller nuclear families, individualistic aspirations, higher rates of divorce and lower rates of marriage and remarriage, it is doubtful whether assigning the caring duties to adult children would be an unrealistic goal.

Before we turn to analyze the issue of elderly care, let us review the population nature of the elderly in Hong Kong first. According to the 2001 Population Census of Hong Kong (2001), in terms of proportion of older persons in the total population, its percentage rose continuously over the past 40 years from 2.8% in 1961 to 11.1% in 2001. The elderly dependency ratio increased from 50 in 1961 to 154 in 2001. There were slightly more female older persons than male older persons. The proportion of older persons belonging to the labor force declined steadily from 14.1% in 1991 to 7.2% in 2001. A larger proportion of the working older persons were engaged in "elementary occupations" (39.5%), and their median monthly income was $6,000, about 60% of the median ($10,000) of the whole working population in 2001. The profile shows that the elderly in Hong Kong is relatively poorer than people in other age groups.

In living arrangement, 56.8% of the older persons lived with their child/children (32.1% lived with the spouse and child/children and 24.7% lived with the child/children only). On the other hand, 18.4% lived with the spouse and only 11.3%

of older persons lived alone. As only 11.3% of older persons lived alone, it is a good sign to shown that many older persons to a certain extent are supported in different ways by their family members even though some of the older persons are poor.

b. The social environment in Hong Kong

How older persons live is inevitable affected by the social environment where they are in. In 1997, after the handover of Hong Kong to China, Chief Executive Tung Chee-hwa outlined the general structure of the Hong Kong Special Administrative Region's policy towards the ageing population. He said, "The SAR Government will develop a comprehensive policy to take care of the various needs of our senior citizens and provide them with ***a sense of security, a sense of belonging and a sense of worthiness***" (Tung 1997). In short, the elderly policy in the Hong Kong Special Administrative Region in principle was based on these three concepts.

But up to 2003, Hong Kong's financial situation was not as good as the Chief Executive expected at the very beginning of the handover. In recent years, Hong Kong is experiencing a severe economic downturn. Deflation over the past 50 months has accumulated to 13%, and there is no indication that it will disappear in the short term. Confidence in local investment and consumption has suffered. For some, incomes have continued to drop. The individuals' wealth has shrunk with declining asset values, and many now face the negative equity problem. These distressing consequences have become more obvious in recent years. Economic contraction and restructuring have led to changes in the employment structure and resulted in increasing unemployment. Despite a slight improvement in recent months, unemployment remains far too high. In addition, the substantial reduction in government revenue and rising public expenditure have resulted in increasing fiscal deficits in the past few years. As a result, Hong Kong's fiscal reserve has been sharply reduced (Tung, 2003). In 2002-2003, the fiscal reserves has dropped to 295.2 billion as compared with 427.7 billion in 1998-1999 (Sing Pao Daily News, 2003). This is an alarm signal to the Hong Kong SAR Government, and it forces the government planning to decrease the expenditure in the Comprehensive Social Security Assistance Scheme (Sing Pao Daily News, 2003). In turn, its action may inevitably affect elderly assistance in Hong Kong.

Other than governmental support to the elderly, family support is still playing an important role in caregiving for the elderly. In the following section, we shall discuss who takes the role as caregiver.

2. Who takes the role as caregiver to the elderly?

a. The role of the family in elderly care

In Eastern societies, the family plays an important part in taking care of the elderly. Korea has a long tradition of family-oriented culture; the family continues to be the main institution for providing support for elders (Won and Lee 1999). In Taiwan, although co-residence is declining, children still make financial contribution to the households in which their parents live (Chattopadhyay and Marsh 1999). In Japan, most of the elderly live with their children; even in the cities more than 50% elderly are living with their children. The percentage increased to 70% in the rural areas (Maeda and Shimizu 1992). In Hong Kong, just as in other Eastern societies, the family instead of the government still plays an important role in taking care of the elderly.

b. Caregiver and major caregiver

From the data of our study (refer to p.24 Table 1), the daughter (37.2%), son (33.2%) and daughter-in-law (23.3%) are the three most common caregivers to the elderly. As to the "major" caregiver, it (refer to p.25 Table 2) shows that the major caregivers are the son (37.8%) and daughter (25.6%). The daughter-in-law (9%) and son-in-law (2.8%) are the two minority groups acting as major caregivers. It is worthwhile to mention that in these two tables, 23.3% of the caregivers belonged to the daughter-in-law in table 1, but only 9% of the major caregiver belonged to the daughter-in-law in table 2. Although it is common that the daughter-in-laws act as caregiver, it is understandable that at the same time the sons still play an important role as major caregivers, and daughters-in-law always assist the sons of the care-receivers to take care of them. That is why the figure in daughter-in-law's role drops dramatically from "caregiver" to "major caregiver". And because family members provide for a major part of care taking of the elderly, the family is still playing an important role in elderly care in Hong Kong.

It is worth mentioning that gender and blood relation are the two key factors that affect the role of caregiving to the elderly in the family. Although many studies in caregiving have found that women usually are the primary caregivers to the elderly family members, about 70% are females or they are the care-receivers' daughters (Mui 1992, Cox & Parsons 1996), Wolfson et al (1993) found no difference between

sons and daughters in their expressed sense of moral obligation to provide financial, emotional and physical care nor were there any differences in their perceived ability to provide care. Caregiving only reflects a broader gendered division of labor. From our data (refer to p.25 Table 2), 40.6% belong to males who act as major caregivers (it includes sons (37.8%) and sons-in-law (2.8%)), while 63.4% belong to females as major caregivers (it includes daughters (25.6%) and daughters-in-law (9%)).

For blood relation, individuals with blood relation are more common as caregivers than those just have in-law relationship. 37.8% of major caregivers belong to the son and 25.6% of caregivers belong to the daughter, but only 9% caregivers are daughter-in-law and 2.8% are son-in-law. “Gender” alone is not a sufficient factor to understand their role in caregiving; it must at the same time consider the influence of blood relationship. Just in-law relationship is very weak to make the individual feel an obligation to play his/her caregiving role.

c. Gender differences in caregiving

In gender difference, as mentioned above, 40.6% belong to males and 63.4% belongs to females as major caregivers in our research data. Some critics argue that women take the core role in caregiving, whereas men have just secondary role. We would like to argue that men play an important role in caregiving too. What men and women provide for family members is just a kind of division of labor based on their talents and conditions between genders. How different genders play the role in caregiving is family strategy, and benefits the whole family.

What male caregivers contribute is the economic backup of their family members, and this kind of support is more important than women’s daily care. The longer time that female caregivers provide is just one but not sufficient criteria to claim that females are the “major” caregiver. “Major” is an evaluation, it depends on the importance of the role, but not the length of time that they give. Just as the working time of a manager may be shorter than a clerk’s hour, it is difficult to say that the clerk is a major worker, but the manager is not. Besides, the son (male with blood relationship with the care-receiver) always not only gives financial support to his parents, but also emotional support to them. This kind of emotional support is irreplaceable, and is important in caregiving to the elderly.

d. Filial piety

Cultural heritage affects the individual's values and governs their family relations and role playing (Hareven 1995). In Hong Kong, through socialization and formal teaching, the Confucian ethics of filial piety still has a strong influence on the attitude and behavior of the Chinese sandwich generation cohort in caregiving responsibility, especially in the way of taking care of their elderly parents. Members having blood relation feel a stronger responsibility of caregiving than one who has no such relationship. This sense of responsibility is not due to an expectation of immediate return for the care-receiver (Hareven 1995).

According to our data (refer to p. 41 Table 26), 74.9% of caregivers "absolutely agree" or "agree" that taking care of the first generation is a part of filial piety, only 11.7% of them "absolutely disagree" with this view. If under the condition that they have the freedom to choose not to take care of the first generation, 75.7% (refer to p. 43, Table 31) said they "will be willing to" take care of the care-receiver, only 6% said that they "will not be" or "may be not" willing to take care of them. Willingness to take up their caregiving responsibility is a certainty in the respondents' attitude of this research; this result is also similar to the other studies in Eastern societies (Liu & Kendig 2000, Won and Lee 1999, Chattopadhyay and Marsh 1999). Willingness must be accompanied with the suitability of the social environment if they want to play their caregiving role smoothly. But if the objective environment is not too in favor for them to do so, the sandwich generation faces a dilemma. To see how the social environment affects their caregiving role, lead us consider the influence of living arrangement.

e. Living arrangement and elderly care

Where the care-receiver resides affects the way the caregiver takes care of them. According to the 2001 census data about living arrangement of the elderly, 56.8% of the older persons lived with child/children, and 11.3% of older persons lived alone. From the data of this study (refer to p. 29 Table 9), there is a similar result where totally 54.5% of the care-receivers live with their adult children, including 37.8% of them sons and 16.7% of them daughters. Besides, 5.8% of the care-receivers are living with their daughter-in-law, 1.2% of them are living with their son-in-law, and 15.1% of the care-receivers are living alone. That 54.5% of the care-receivers are living with their adult children is a good sign for elderly care, because co-residence makes caregiving easier, and the caregiver can provide a full range of support, and

taking care of them naturally. If adult not to live with older persons, they have relatively few obligations to them outside the household. When older persons live with the caregiver, if their health situation is suitable for them, they in turn always act as caregivers for younger generations in the family. The reality of contemporary family life includes older family members as continuing sources of socialization, caregiving, and financial support for younger generations. Older family members might provide care to their grandchildren which makes it possible for the sandwich generation to pursue employment, while ensuring continuity of care and a source of both emotional and financial assistance during times of family emergency (Hill et al. 1970, Kamerman 1980).

Due to the small size of most households in Hong Kong, and the choice of the younger generation to maintain romantic love and privacy, to reside in a nuclear unit but maintain contact with the elderly generation frequently is a common mode in modern Hong Kong. This kind of modified extended family allows different generations to have their privacy and independent life style. "Intimacy from a distance" is one of the preferred modes of generational interaction in contemporary societies (Hareven 1995). According to the data from our research (refer to p. 29 Table 8), 31.6% of the respondents are living in a region with a distance within 30 minutes traveling time from the care-receivers. While 41.6% of the caregivers are living with a distance more than 30 minutes traveling time from the care-receivers. To live nearby can provide mutual support between generations. In contrast, to live a long distance away makes routine daily care difficult and impractical, although it may give some caregivers relatively fewer obligations. But some have a guilt feeling in turn, and like to find a way to take responsibility that he/she can afford. The usual ways are to give elderly parents pocket money, to visit them and go to restaurants with them, or call them by telephone. These ways to a certain extent can maintain harmony with their elderly parents, and can function to maintain the well-being of the elderly.

f. Situation of the sandwich generation

Hareven (1987) and Ng (1994) used "family strategy" to analyze how family members treat the family as an integrated unit. They found that members of the family develop a balance strategy to cope with family stress, and that family members using division of labor to cope with it. This family-centered developmental concept treats individual actions as integrated family-level phenomena, and emphasized resource distribution, role structures, and sharing among family members. It stresses the individual making a commitment to the survival and well being of the family, which

takes priority over individual needs and personal happiness (Hareven 1995). Mutual assistance among family members is not strictly calculative. Individuals who sub-ordinate their own careers and needs to those of the family as a collective unit do so out of a sense of responsibility, affection, and familial obligation, rather than with the expectation of immediate gain (Hareven 1995). Family strategy is crucial in coping with critical life situations, such as unemployment, illness or regular life course transitions. How the sandwich generation take care of their elderly parents is clearly a family strategy, but it depends on the issues that they are facing at the same time, the social environment that they are encountering, the resources that they own, what constraints hinder them, and the priority they have to cope with.

i) The situation of the care-receivers

In this research (refer to p.52 Table 45), besides looking after their elderly, 70.2% of the sandwich generation have younger generation members aged around 0 to 14 years who need to be looked after. (refer to P.51 Table 44) 51.7% of the sandwich generation look after 2 younger care-receivers, and 29.6% of them look after 1 younger care-receiver at the same time. In addition, 40.6% of the sandwich generation looks after 2 elderly care-receivers. Besides, 43.2% of the elderly care-receivers are aged around 70 to 79 in age, and 31.2% of the elderly care-receivers are 80 or above in age. The age of the elderly care-receivers is old, but for 83,7% of them their health condition still allows them to have self care (refer to p.31 Table 11), so that the burden to look after them is lower. But on the other hand, most younger care-receivers are so young that they really need intensive care, and about one half of the cases have two elderly care-receivers, and their age to a certain extent makes it necessary for them to be looked after. In terms of time used, money used, and psychological involvement, it is readily a burden for them. 52.3% of the sandwich generation (refer to p. 41 Table 24) finds it hard to care for their younger generation, and only 14.5% feel it hard to care for their elderly generation. That means, from the view of the sandwich generation, they think that the issue of looking after the younger generation is not as easy as elderly care. It is reasonable that they are willing to make more effort for younger generation care than for elderly generation care.

ii) The situation of the sandwich generation

6% of the respondents (refer to p.39 Table 22) say himself/herself or his/her spouse is already unemployed, and 69.7% of the respondents feel very worried or fairly worried about the possibility of unemployment. 73.6% of the sandwich

generation say that in case of unemployment, it would have an influence on them. If we consider the real situation of Hong Kong, their worry about unemployment is understandable and the situation is serious. In recent years, Hong Kong has been experiencing a severe economic downturn. The individuals' wealth has shrunk with declining asset values, and many now faced negative equity. Economic contraction and restructuring have led to a change in the employment structure and resulted in increasing unemployment (Tung 2003).

Facing the needs of care-receivers, as well as the constraints felt by the sandwich generation themselves, we would like to discuss the value of caregiving, their feeling about pressure, and their family strategy to try to cope with the needs of these three generations.

g. The value of caregiving responsibility of the sandwich generation

For the value of caregiving responsibility, most sandwich generation people strongly agree that they have the obligation to take care of their elderly parents (refer to p. 41-43, Tables 27-30). The breakdown of our collected contents is as follows:

- **90.2%** "absolutely agree" or "agree" that "*adult children should have a responsibility to take care of their parents*".
- **69.1%** "*absolutely agree" or "agree" that "adult children should sacrifice their time, money and energy to take care of their parents*".
- **92.4%** "absolutely agree" or "agree" that "*adult children not only should financially take care of their parents but also need to care for them*".
- **90.3%** "absolutely agree" or "agree" that "*adult children should take care of their parents even with no return of benefits*".

It is noted that the percentage who advocate in *"adult children should sacrifice their time, money and energy to take care of their parents*" is relatively lower than those of the other three statements. It makes sense that the practical situation sometimes does not allow them to have more freedom to adjust their behavior for caregiving.

h. Feeling the caregiving burden

In solely taking care of the first generation, 52.8% of the sandwich generation (refer to p.35 Table 18) feels that the level of stress is "not tough" or "not very tough".

Since 83.7% of the care-receivers are “absolutely capable” or “capable” of self-care (refer to p.31 Table 11), that 27.4% of the caregivers do not feel so stressful then is understandable.

If they have to take care of the three generations at the same time, it is another situation. 52.8% of the sandwich generation (refer to p.36 Table 19) feels that the level of stress is “very tough” or “fairly tough”. This phenomenon shows that for some people in the sandwich generation, to look after the first generation is not a problem, but to take care of three generations at the same time is tough.

In the category of “what aspects they felt most stressful”, 39.8% of them say “none”, and 19.5% say it was financial support (refer to p.37 Table 20). But the second stressful source is diversified; it includes financial support (26.8%), emotional support (21.1%), nursing care (19.7%) and daily life care (15.5%). The third stressful factor is financial support (33.3%). It is clear that financial support is very important.

In the category “to whom is most hard to take care”, 52.3% of the sandwich generation (refer to the p.40 Table 24) feel a hardship to take care of their younger generation, and only 22.7% feel it hard to look after the elderly generation and younger generation at the same time, and only 14.5% feel it hard to care for their elderly generation. That means, from the view- point of the sandwich generation, they think that the source of hardship of caregiving is looking after the younger generation instead of looking after the elderly. It is reasonable that their family strategy is to make more effort for the younger generation than for the elderly generation.

In sharing the work burden, 29% of the sandwich generation (refer to p.38 Table 21) says no one share with him/her, and the others popular answers are husband (22.3%) and wife (20.5%) share the burden. The second source who can share their burden in caregiving is the domestic helper (31.0%) and daughter (20.7%).

i. Family strategy and principle of caregiving to elderly parents

Although 52.3% of the sandwich generation (refer to p.40 Table 24) feel it hardship to take care of their younger generation, 52.8% of the sandwich generation (refer to p.36 Table 19) feel that the level of stress is “very tough” or “fairly tough” if they take care of the three generations at the same time, 44.1% of the respondents (refer to p.40 Table 25) having a principle to seek a balance of take care of the needs of three generations, 15.3% of respondents putting the needs of the 1st generation as

the first. That means they want to balance the needs of three generations and deem it their major family strategy. To enhance this family strategy, it depends on the available manpower and the practical situation. Some have family members to share their burden, 22.3% share it with their husband and 20.5% share it with their wife, but 29.0% say no one shares the burden with him/her (refer to p.38 Table 21), and they are still mainly using their own means to provide for the caregiving.

To understand how they balance the needs of the three generations, we can go through their perception of family boundary and priority of care responsibility towards family members. In Table 32 (refer to p.44), the *family boundary includes the respondent's son/daughter, parents, spouse/spouse's parents, and others.* In the priority of care responsibility, son/daughter is the first priority, and the second priority is parents. Although they understand that elderly parents need to be taken care, of and they treat elderly care as a form of filial piety, they still treat care for their sons/daughters as more important. If the younger generation is too young, the routine daily care is too demanding, the sandwich generations easily lose their own freedom to handle their own needs. This is why some respondents say that the most stressful one is to look after their younger generation.

j. The role of the government and kin in elderly care

To reduce the burden of the caregiver, to help them have a quality of life, and shift their responsibility of care, some discussion is necessary. Eichler (1997) in "*Family Shifts*" pointed out three ways in which the family copes with responsibility. She looks at how family roles have changed and how new models might improve family policies. She discusses three models in detail, namely: *The patriarchal model, the individual responsibility model, and the social responsibility model.* The three models are as follows:

i) The patriarchal model--- The husband in a husband-wife marriage is the undisputed master of the household, legally, socially, and economically. The husband is the key person in coping with family responsibility.

ii) The individual responsibility model--- The individual takes his/her own responsibility to reduce his/her own stress, but not the family as a whole acting together to cope with the stress of the individual.

iii) The social responsibility model--- It takes the individual's matter or family

matter as also social matter, and considers society and the government have the responsibility to solve the responsibility of the family. This model suggests that society and the government take the responsibility and their efforts may improve the problem concerned.

If we use the term "family strategy", it implies that the family is viewed as an integrated unit and that they have a coordinated strategy to cope with the issues. It is not the same as the individual responsibility model, but like the patriarchal model. What we would like to point out is that the patriarchal model emphasizes the role of the core person--- the husband, and what we are discussing in caregiving concerns the core people, and the way they coordinate with other family members in cargiving. That means the patriarchal model suits the most of our analysis in elderly care. Is it enough just using the patriarchal model for an understanding about the issue of elderly care in contemporary Hong Kong? We think that there is still room for other parties to contribute their effort.

And to replace the family's role in caregiving with the government is one alternative. It seems not too practical in Eastern societies, because the family still plays an important role in Eastern societies. In the category "who have responsibility to look after the elderly", our respondents only point out the government has the responsibility to care for the elderly in the 7th priority. They think that it is the responsibility of the family members, and members having a blood relationship have more responsibility than members with an in-law relationship; and the male has more responsibility than the female (refer to p.44 Table 32). In addition, it is not a good time for Hong Kong to consider this alternative, because the present economic difficulty forces the government to cut their expenditures but not to increase them. Government is now planning to decrease 11.1% of the expenditure in the Comprehensive Social Security Assistance Scheme (Sing Pao Daily News, 2003). In turn, it may inevitably affect elderly assistance in Hong Kong.

In reality, the respondents do not think that government needs to play an important role in elderly care. Elderly people resist living in institution, and the sandwich generation feels guilty if they put their parents into an institution. But institutions have their role when the health condition of the old-old is too bad for the caregiver to take care of him/her; institutionalization is a way to solve the problem of elderly care in the last stage of the life course. It is noted that the speed of ageing in Hong Kong is progressing at a much faster rate than in Western countries (Chi 1999). Sooner or later the older persons face the need to live in an institution. Next, government can play the

role of assisting the old-old to live in institutions. It can and must do something to strengthen the role of the family, and allow the caregiver to play their role better. According to our data (refer to p.45 Table 34), the respondents consider that government has many ways to assist them. The most favored way is "government assistance to the family to take care of the elderly effectively" (46.9%), the second one is "government assistance to the elderly to take care of themselves effectively" (25.2%), and the third one is "government replace the family to take care of the elderly" (11.5%). The different percentages show that government's role is to help the family but not replace their role of elderly care.

In whatever way government plays its role, this is similar to social responsibility model. Because elderly ageing is not only the older persons' individual matter or his/her family's matter, it is in fact a social matter too. It affects the family structure, social values in work and family, and the social constructed timing of life course transition in contemporary society, and in turn affects their ways of elderly care by the sandwich generation (Hareven 1995). The government has also responsibility as well as ability to solve the responsibility or lower the burden of the family. We think that *to combine the patriarchal model with the social responsibility model* might suit the practical situation of contemporary Hong Kong.

Concerning the role of the kin, they can serve as the most essential resource for economic assistance and security and carry the major burden of welfare functions for individual family members, especially their critical role in facilitating migration, in finding jobs and housing, and in assistance in critical life situations (Anderson 1971, Hareven 1982). But mutual assistance among kin shows a gradual weakening phenomenon. It is understandable that there is a high price the kin have to pay in order to assist each other without the appropriate societal supports. It shows that the role of the kin is very weak or has no role in elderly care in contemporary Hong Kong. According to our data, the practical situation is only 1.8% of respondents have relatives living with them (refer to p.29 Table 9), and only 7.6% of the others (including relatives) share the caregiving duty with the caregiver (refer p.38 Table 21). Concerning their views in care responsibility to the elderly, the others (including the kin) belong to the 7^{th} priority of the rank in caregiving (refer to p.44 Table 32). Gerontological studies insist that kin assistance for older people has persisted in contemporary society but have not documented the intensity, quality, and consistency of kin support that older people are receiving from their relatives (Litwak 1965, Shanas 1979, Sussman 1959). Hareven (1995) claimed that until more systematic evidence is available, it would be a mistake to assume that the kin are carrying, or

should be carrying, the major responsibility for assistance to older people.

Chapter Seven. Conclusion

1. Summary

Due to population ageing in Hong Kong, elderly care is not only an individual issue or family issue; it is also a social issue. Population ageing is not only a Hong Kong phenomenon, but a global phenomenon. Such a rapid, large and ubiquitous growth of older persons has never been seen in the history of civilization. It is worth noting that the speed of ageing in Hong Kong is processing at a much faster rate than in Western countries. It is doubtful whether assigning the caring duties to adult children would be an unrealistic goal. To understand the real situation of the adult caregiver, this study concentrates on the caregiving role of the sandwich generation.

According to the data from the 2001 Population Census of Hong Kong, the elderly dependency ratio in Hong Kong increased from 50 in 1961 to 154 in 2001. Some older persons are relatively poor. 56.8% of them lived with their child/children. This profile of older persons in Hong Kong is not too positive at such; sooner or later it may have some care issues related to older persons.

Although the Hong Kong SAR Government claims to refer to "*a sense of security, a sense of belonging, and a sense of worthiness*" in planning their elderly policy in Hong Kong after the handover of Hong Kong to China, the financial depression in Hong Kong in these few years has been attacking both the Hong Kong SAR Government as well as the family. Hong Kong's fiscal reserve has been sharply reduced to 295.2 billion as compared with 427.7 billion in 1998-1999. This alarm signal forces government planning to decrease the expenditure in the Comprehensive Social Security Assistance Scheme. In turn, its action may inevitably affect elderly assistance in Hong Kong. In addition, with the worsening financial situation in Hong Kong, many caregivers themselves face unemployment or underemployment problems, and in turn lose some of their capabilities or increase their psychological pressure to look after their family members.

In Hong Kong, people follow the tradition of Eastern societies; families still play an important role for taking care of the elderly. Among family members who play the role as major caregiver, our data shows that only the son (37.8%) and daughter (25.6%) are major caregivers, and the daughter-in-law (9%) and son-in-law (2.8%) are two minority groups acting as major caregivers. This phenomenon tells us that even in the family context, different identities have difference actions for elderly care, gender

and blood relation are the two key factors to affect the role of caregiving to the elderly. We would like to argue that sons and daughters are the two important groups to play the core role in elderly care because of blood relationship. The different attitudes and behaviors between caregivers are due to the gendered division of labor and blood relationship considerations. The in-law relationship alone is very weak to make the individual feel an obligation to play a caregiving role. In gender differences, the longer time the female caregiver lasts in caregiving is just one but not sufficient criterion to claim that females are the "major' caregivers. Sons are playing the role as financial supporters and emotional supporters to their elderly parents. While their role in emotional support is not replaceable by others, and is important to the elderly.

Filial piety considerations strongly affect both sons and daughters' attitude and behavior in elderly care. Their willingness to support the elderly is constrained by the living arrangement as well as balancing the needs among three generations. Some care-receivers prefer to live with their sons instead of with their daughters. 37.8% of them are living with sons, and only 16.7% are living with daughters. Living with the daughter-in-law or son-in-law is also not common (5.8% live with daughter-in-law and 1.2% with the son-in-law respectively). Co-residence allows the caregiver to provide a full range of support to the care-receiver, and in turn makes it easy for elderly to provide caregiving to their children or grandchildren. The modified extended family is a form that current Hong Kong families are using. It maintains "intimacy from a distance" with the family members.

For the family in caregiving, the younger generation is more important than the elderly generation, and they feel more hardship to care for them (52.3%). In the hardship to care for their elderly generation, only 14.5% have this feeling. It is understood that because most elderly care-receivers can handle self-care, taking care of them is not a hardship. In the situation of the sandwich generation, 69.7% of them feel very worried or fairly worried about the possibility of unemployment. Whatever their priority of caregiving and their own situation, most people in the sandwich generation strongly agree that they have an obligation to take care of their elderly parents. They reveal that only to look after the first generation is not a problem, but to take care of three generations at the same time is tough. In the aspect of stress, some (39.8%) say none, but some say the most stressful is financial support (19.5%). As for the second source of stress, some say it is financial support (26.8%), emotional support (21.1%), nursing care (19.7%) and daily life care (15.5%). The third stressful factor is also financial support (33.3%). It is sure that financial support is one of the major stressful aspects in cargiving.

The family boundary and priority of care responsibility affects how they treat elderly care. The boundary includes the respondent's son/daughter, parents, spouse/spouse's parents, and others. For the priority of care responsibility, the son/daughter is the first priority, and the second priority is parents.

2. Concluding Remarks

This study investigates the trend of how the sandwich generation performs their filial duties in providing care to their elderly parents in the various stages of the family life cycle in different classes. To answer our research questions, we can draw the following conclusion:

a. Caregiving in various stages of the family life cycle in different classes

In various stages of the family life cycle, the older the age of the care-receiver, the more the actual daily care support given by the sandwich generation (Cramer's V= 0.131, P=0.013). But there is no statistical significance between the age of the care-receiver and the other ways of caregiving provided by the caregiver. These kinds of support include emotional support, financial support, nursery support and intellectual support. It makes sense that these kinds of need always exist at different family life stages, and family members must find a way to solve them. We use income and occupation to indicate the class position of the family. Also, there is no statistical significance between different classes and the way of caregiving that caregivers provide to elderly persons. Financial support and emotional support are the two important aspects that care-receivers need during their different life stages. These kinds of need are not class based; different classes will also have similar needs.

b. Pressure towards the sandwich generation in different family life stages

Is there any difference of pressure towards the sandwich generation in different family life stages when they are taking care of their elderly parents? There is no statistical significance between the age of the care-receiver and the pressure that caregivers encounter in their caregiving to the care-receivers (Cramer's V= 0.156, P=0.171). These kinds of pressure include emotional support, financial support, nursery support, daily life support, and intellectual support. In our samples, the majority of caregivers with elderly parents belonging to different age groups say that they have no pressure at all, and the others who say they feel pressured mainly in

financial support and emotional support. If the elderly belong to the old-old group (85 or above in age), they demand more daily life support. Since financial support and emotional support are the two fundamental aspects that care-receivers need throughout their life, these kinds of need are not age based; during different family life stages the elderly have similar needs.

c. Various coping strategies for different family life stages

In how the sandwich generation use strategies to cope with the increasing demands as their elderly parents grow older and retire from work, we find that there is no statistical significance between the family life stage and sharing caregiving work by the others (Cramer's V= 0.171, P=0.081). However, there is statistical significance but a weak relationship between family life stages and the principle of looking after the elderly (Cramer's V= 0.146, P=0.013).

d. Identity with the caregiving attitude and caregiving behavior

In the relationship of identity with the caregiving attitude and caregiving behavior, gender and blood relation are two key factors. This research studies the attitude and behavior in caregiving between the son and daughter, the daughter and daughter-in-law, and the son and son-in-law.

In actual attitude in caregiving, there is statistical significance but a weak relationship between filial piety considerations and identity (Cramer's V= 0.136, P=0.030). Whether it is the son, daughter, daughter-in-law, or son-in-law, their most voiced view is "caregiving is a form of filial piety". But there is a slightly higher percentage in the daughter-in-law and son-in-law than the son and daughter in that they think caregiving is not due to filial piety considerations (17.1% for daughter-in-law and 16.7% for son-in-law). Whatever their identity, their willingness to support the elderly is constrained by the living arrangement as well as the wish to balance the needs among three generations.

In actual behavior in caregiving, only the son (37.8%) and daughter (25.6%) are the major caregivers, and daughter-in-law (9%) and son-in-law (2.8%) are the two minority groups acting as major caregivers. We would like to argue that the sons and daughters are the two important groups who play the core role in elderly care because of blood relationship. But the daughter-in-law and son-in-law actually still play the role of caregiver due to the request from their spouse or the practical needs in realistic

situations.

We find that there is statistical significance but a weak relationship between identity and emotional support to the care-receiver (Cramer's V= 0.201, P=0.000). The son, daughter, and daughter-in-law always provide emotional support to the care-receivers, but the son-in-law sometimes gives emotional support to them.

In financial support, nursery support, daily life support, and intellectual support, this study finds that there is no statistical significance with identity. No matter what identity that family member belongs to, he/she always or sometimes gives financial support to the care-receiver, since financial support is importance and essential especially with the weak social security protection in Hong Kong, and financial support having a symbolic meaning to show that the caregiver respects their care-receiver.

If we follow the above data, we can argue that in practical situations, it may weaken the influence of gender. Our data provides evidence to show that the son as well as the daughter still plays an important role as the major caregiver. Although the female gives more in terms of time of caregiving, it is just one but not sufficient criterion to claim that females are the "major' caregivers. The son plays the roles of financial supporter and emotional supporter to their elderly parents. His role in emotional support is not replaceable by others, and is important to the elderly.

e. Living arrangement and caregiving

In relationship between living arrangement and caregiving, we find that there is a relationship between living arrangement with emotional support (Cramer's V= 0.142, P=0.004), daily life support (Cramer's V= 0.251, P=0.000) and intellectual support (Cramer's V= 0.137, P=0.009), but no relationship with financial support (Cramer's V= 0.111, P=0.201) and nursery support (Cramer's V= 0.078, P=0.727). But we would like to point out that their relationships are weak. In emotional support, we find that with the majority of caregivers wherever their living arrangement, they give frequent emotional support to the elderly parents (between 46.4% and 61.0%). In daily life support, the longer the living distance between the caregiver and care-receiver, the less frequently the caregiver provides daily life support to the care-receiver. It is understandable that distance is a real constraint to the caregiver, if it is not in an urgent situation, his/her caregiving will naturally decrease when compared with others living nearby.

3. Who is Responsible for Elderly Care?--- A Consideration of the Three Models on Responsibility

In the above, we have discussed three ways in which the family copes with responsibility. These three models are: *The patriarchal model, the individual responsibility model, and the social responsibility model.*

In facing the needs of elderly care, it is sure that the family still plays an important role. The family actually has a "family strategy" to tackle the elderly care issue. The sandwich generation has an important role within the family for caregiving, as they are willing to take care of their elderly parents due to filial piety. The patriarchal model emphasizes the role of the core person--- the husband, and how he coordinates with other family members in cargiving. That means the patriarchal model suits most parts of our analysis in elderly care.

In reality, the respondents do not think government needs to play an important role in elderly care, since the elderly resist being institutionalized, and the sandwich generation will feel guilty if they put their parents into an institution. All these seem to show that government has no role in elderly care. But government has its role in providing institutions for the old-old when their health condition is too bad for the caregiver to take care of him/her; institutionalization is a form to solve the problem of elderly care in the last stage of the life course. It is noted that the speed of ageing in the Hong Kong population is progressing at a much faster rate than in Western countries (Chi 1999). We will face a group of old-old who need to be looked after. Besides, government can strengthen the role of the family, and make the caregivers play their role better. According to our data (refer to p.45 Table 34), the respondents think government has many ways to assist them. The most popular way is government assistance to the family to take care of the elderly effectively (46.9%). That means, the role of government is to help the family but not replace their role of elderly care. For all governments, which play, their role, their work is similar to the social responsibility model. We think to combine the patriarchal model with the social responsibility model might best suit the practical situation of contemporary Hong Kong to improve elderly care.

Concerning the role of the kin, mutual assistance among the kin shows a gradual weakening. It shows that the role of the kin is very weak or has no significance in

elderly care in contemporary Hong Kong.

4. Policy Implications

a. Balancing family support and government support

From the above study, we conclude that family support and government support are needed in elderly care. The number of the old-old elderly (aged 80 years or over) has increased significantly. According to the 2001 Population Census (2001), 19.6% of older persons belonged to this age category. Also, it is worth noting that the number of males was far outnumbered by females in the age group 80 and over (the sex ratio being 563 males per 1,000 females for 80 and over) (Population Census 2001). More old-old being female means that they are often widowed and their financial situation is relatively poorer than the other cohorts due to their educational level as well as their occupations when they were young. The more old-old means that the age of their caregiving children is also higher. The adult children themselves are already old, and their own health is not good enough to provide the needed care to their parents. Government needs to provide suitable institutions for the old-old on the one hand. On the other hand, the policies need to assist families to care for the elderly, to improve the well-being of the family members, and to delay institutionalization since that is what the elderly and their families prefer. To delay institutionalization is also to limit public expenditures on health care for the elderly and to reinforce a traditional ideology of the family.

b. Building up a caregiver policy

The policy for elderly care should avoid exploiting the caregiver's altruism and sense of obligation. Teaching the caregiver how to manage his/her caregiving work at home, how to find professional help, and how to communicate better for the old-old are the areas that government can function. These services will help the caregivers to feel more competent. The government can do establishing infrastructures and coordinating a machinery to supplement and support the family care of the elderly. In providing and strengthening support to elderly care, an integrated approach to include older person, the family, the community and government is needed. With that support, the caregivers themselves can avoid becoming the victims of high levels of stress and strain, and avoid the negative effects on their work and family lives as well.

Besides, it is noted that the responsibility of adult children towards their elderly parents is less certain than the responsibility of parents towards their young children. The caregiver who does not live with the care-receiver may feel less obliged and pressured to take care, it may in turn increase the burden of siblings who are in co-residence with the care-receiver. The main caregiver in co-residence with the care-receiver is required to bear the financial responsibility, daily care and emotional care. Their burden is heavy. To support the caregiver, and to attract the potential caregiver to act voluntarily, we need a "caregiver policy" that will focus on supporting the well being of the caregiver and the family as the major goal.

To lower the caregiver's burden, improving the income-tax-deduction programme for those who are supporting parents aged 70 or over is a direct way, but the financial situation seems not to allow the Hong Kong government to do so. How to balance the needs of the family and as the same time improve the financial situation of the government is a dilemma to the government.

c. Changing the family composition and long-term care policy

Due to the declining fertility levels and increasing life expectancies in Hong Kong, several decades later there will be fewer potential caregivers than today. In addition, the diversity of family composition, divorce, cohabitation of the younger generation, increase in women joining the labor force, all these factors will also erode the obligations of caregiving, and make some older persons uncared for. In our findings, the respondents are aware that when they become old, their younger generation may not take care of them in the way they are now giving care to their elderly parents. 14.3% of the sandwich generation says there is only a 50% chance that their younger generation will take care of them. Especially if cohabitation becomes an alternative form replacing marriage, the cohabiting partner may not see themselves as daughters-in-law or sons-in-law. 33.2% of our respondents say that if their younger generation chooses to cohabit, they might not look after them. This trend is another issue that policymakers in elderly care must consider.

5. Limitation of This Study

Although we have tried our best to conduct this study, there are still a number of limitations. Since we used telephone interviews to collect the survey data, the questionnaire could not be too long to discourage respondents. The limited questions

make it difficult to cover more in-depth questions.

We understand that there is room to improve our analysis in class differences. We also need future investigations on why the family has this kind of living arrangement. Under what circumstances will the older persons live with adult children, and under what circumstances will they reside separately?

This research project only concentrated on the attitude and behavior of the sandwich generation acting as caregiver to the elderly, we lack information to know the possible gap between their action and the perception of the care-receiver towards their action. We hope further research in this area can fill this gap.

6. Future Research Needs

For future research, we need to investigate how elderly care affects the family relationships and the development of their family members in detail. Also, how does elderly care affect the timing of the life course transition of the family members, family patterns, and generational relations? How do we balance family-centered development with individual-centered well being? Family studies need to be aware of how resources, role structures and interdependencies affect family patterns and generational relationships. In what situation will caregivers give up their caring obligations?

In contemporary Hong Kong, more young adult children return home in order to meet their own needs because of the inability to develop independently or to find affordable housing. Some are due to divorce, taking with their own young children to the parental household; they need help them in housing and childcare. We would like to know the new generational pattern and cargiving between family members in these circumstances. Will the erosion of mutual assistance among family members cause tension and strain? These kinds of question are still open to further research.

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