

Chapter 12

Caring for Older Persons

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Caring for Older Persons

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As the share of older Filipinos is expected to increase in the coming years, Filipino families, the government, and society in general will have to confront the challenges of providing care and support to the older population. The challenge is even more daunting considering that population ageing, albeit occurring more slowly in the Philippines than in other Asian countries, is happening alongside other demographic phenomena such as declining fertility, longer life expectancy, increased female labour force participation, and internal and international migration, particularly of the younger segment of the population. Ageing is often associated with chronic morbidity, which in turn may affect physical health and functioning, and results in dependency on others.

In a familistic society such as the Philippines, the family is at the forefront of ensuring the welfare of its members, such as children and OPs. This is even inscribed in the 1987 Philippine Constitution. Article 15, Section 4 of the Constitution states that ‘it is the duty of the family to take care of the elderly members while the State may design programs of social security for them’. Filipinos have relied mainly on the family for care and protection (Jocano, 2001; Medina, 2001). The Philippine Elderly Survey in 1996 found that 44% of older Filipinos received some form of care from their children (Concepcion and Perez, 2006). Cruz et al. (2016), using data from the 2007 Philippine Study of Aging, reported that 48% of older Filipinos expect their children to take care of them in times of illness, while 35% mentioned their spouses as possible caregivers.

Despite the ubiquity of caregiving within the family, particularly caring for OPs, little is known about this phenomenon. Ageing in the Philippine context is characterised as being cared for at home and is mainly family-based and family-oriented assistance (Antonio, 2015). But in the context of the changing demographic and socioeconomic landscape of Philippine society, how is caring for OPs affected? What is the profile of the caregivers of OPs? Are they still mainly family members?

This chapter aims to describe the situation of caregiving for OPs in the Philippines, from the perspective of primary and potential caregivers whom the OPs themselves have identified. The caregiver questionnaire is one of the main tools used in the Longitudinal Study of Ageing and Health in the Philippines (LSAHP).

Caregiving, Family Care, and Informal Care

Family caregiving is defined as ‘occurring when one or more family members give aid or assistance to other family members beyond that required as part of normal everyday life’ (Walker et al; 1995, p. 402). In the literature, family caregiving is often equated with informal caregiving, which refers to the ‘unpaid care provided to an older and dependent person by someone with whom they have a social relationship, such as a spouse, parent, child, other relative, neighbour, friend, or other non-kin’ (Triantafillou et al., 2010).

Across all societies, the family is steadfast in its role as the primary source of care; in some societies, it is a form of old-age security (Matthews, 1988; Ugargol and Bailey, 2018). Families may differ in how caregiving is manifested, as well as in members’ expectations regarding caring responsibilities. In Asia, the roles and responsibilities of caring for older adults are often governed by cultural values and norms such as filial piety, altruism, family cohesion, and familism (Kadoya and Khan, 2017). These familial values explain the motivations of family members to provide care, especially for older family members.

The concept of *utang na loob* or debt of gratitude underlines Filipinos’ desire to take care of their parents in old age. The study of Wongsawang et al. (2013) on family caregiving amongst Thais stresses a similar point. Family caregiving in the context of Buddhism emphasises the concepts of suffering, acceptance, management, and compassion. Akin to the Filipinos’ value of *utang na loob*, Thais view caring for parents and older relatives as a form of ‘repayment’ for the good parenting they received

early in their lives. Thus, family caregiving or informal care is seen as a function of commitment and affection, in contrast to formal caregiving, which is not seen as 'care' but as 'work' (Abel and Nelson, 1990). According to Finch and Groves (1983), formal caregiving, particularly institutional care, is considered an unattractive alternative to the care provided by the family. However, while the norm leans towards family caregiving, the shift to institutional care may be inevitable, particularly when the need for medical care and the recipient's level of dependence increase (Litwak, 1985). The traditional notion of younger generations as providers of support to the older generation is still prevalent and is viewed as part of intergenerational solidarity, but this has changed dramatically in recent years. Current trends in family patterns, such as lower fertility, female labour force participation, and internal and international migration, lead to a smaller family size and a reduced pool of potential caregivers (Schulz and Eden, 2016).

Caregiving as Women's Work

Caregiving work is always associated with women's work. Existing surveys on caregivers attest to the dominance of women's involvement in this kind of work. The 2011 National Survey of Caregivers in the United States found that most family caregivers were middle-aged daughters or spouses. Women also make up the majority of care recipients (Schulz and Eden, 2016). Results of studies conducted in Asia, particularly the Philippines, also show the important role played by female spouses and daughters, especially those co-residing with their parents, in assisting with carrying out activities of daily living (ADLs) and instrumental activities of daily living (Abalos et al., 2018; Alvarez, Ong, and Abocejo, 2017). In an earlier study on the provision of support to older Filipinos, daughters rather than sons were identified as the major providers of parental care (Natividad and Cruz, 1997). Compared to children with their own families, unmarried children are more likely to take care of their parents in old age (Costello, 1994; Natividad and Cruz, 1997). Close family members and other relatives can also be relied on as providers of support in almost all stages of the life course (Domingo and Casterline, 1992; Natividad, 2000).

Even with migration, left-behind older parents are provided with financial, material, instrumental, and emotional support by their adult children (Laguna, 2013). This implies that geographic distance does not hinder intergenerational exchange in Filipino families. The Global Ageing Survey, conducted in 2005–2008 covering 21 countries, also points to the significant impact of gender on support exchange:

women have a higher likelihood of receiving support from their children and have a greater tendency to be the providers of support, particularly caregiving, than men (Khan, 2013).

In their critical review of informal caregiving, Walker et al. (1995) argued that the common perception of caregiving as women's work or as part of the normal activities they assume in the household masks the contribution of women to family caregiving. Women also tend to underestimate the burden of care work because of the ingrained notion of caregiving as an obligation or normative duty (Raschick and Ingestroll-Dayton, 2004). Thus, the time and effort that women provide as caregivers in addition to the competing demands of their various roles both within and outside the household become invisible (Ashwin et al., 2013; Ugargol and Bailey, 2018).

Caregiving in the Filipino Context: Results from the LSAHP

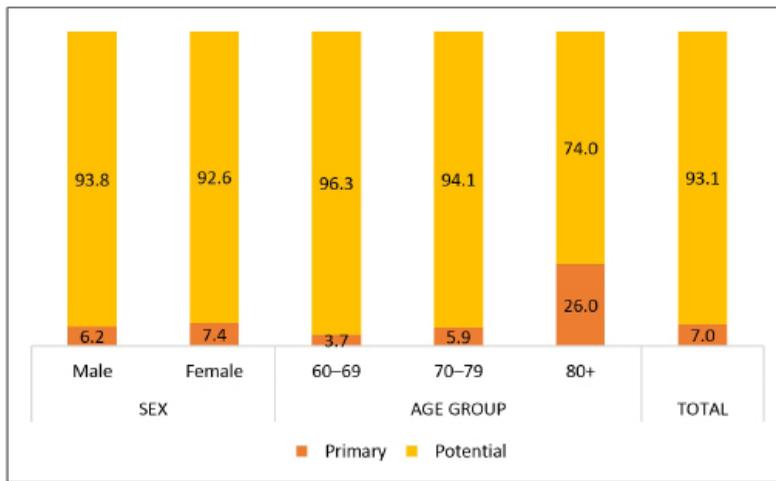
The LSAHP includes a survey of caregivers, either primary or potential, that the OP respondents identified. Of the 5,985 OP respondents, 5,965 answered the question on whether they have a primary caregiver, and 14% of them responded in the affirmative. The concept of 'primary caregiving' was not explicitly defined in the survey but was left to the respondent's own interpretation. The OP's consent to interview the person he/she identified as either primary or potential caregiver was sought. Amongst those who said they have a primary caregiver, only 9 (out of 838) did not consent to the caregiver interview.

However, while 14% of the OPs said they have a primary caregiver, a quarter of those identified as caregivers do not consider themselves primary caregivers. In the same token, 19 of those identified by OPs as potential caregivers considered themselves primary caregivers.

Notwithstanding the dissonance between the perceptions of OPs and caregivers on caregiving responsibilities, the chapter focuses more on the caregivers' survey. The results of this survey are discussed by considering the basic profile of the OP respondents, such as their age and sex. The profile of both primary and potential caregivers will be presented in terms of their relationship to the OPs, the caregiving situation of primary caregivers, and the willingness of potential caregivers to assume the responsibility of caregiving.

Based on the caregivers’ survey, an overwhelming majority (93%) of OPs do not yet have a primary caregiver but identified their potential caregiver in case they will be needing one in the future. Only 7% of OPs have a primary caregiver; the proportion is slightly higher amongst older females than males (7% vs 6%) and more dominant in the older age group of 80 and over at 26% (Figure 12.1).

Figure 12.1. Percent Distribution of Primary and Potential Caregivers, by Sex and Age of Older Person



Source: Calculated by DRDF using original LSAHP data.

Table 12.1. Type of Caregivers by Sex and Age of Older Persons

Type of Caregiver	SEX		AGE GROUP			TOTAL
	Male	Female	60-69	70-79	80+	
Primary	6.2	7.4	3.7	5.9	26.0	7.0
Potential	93.8	92.6	96.3	94.1	74.0	93.1
N	2,004	2,951	3,064	1,290	601	4,955

Source: Calculated by DRDF using original LSAHP data.

Who Cares for the OPs? A Profile of Primary Caregivers

For both male and female OPs, the majority of caregivers are women (96% vs 82%, respectively) (Table 12.2). Only 13% of all primary caregivers are males. For female caregivers, the mean age is 46.2 years; male caregivers are slightly older, with a mean age of 59.5. Younger caregivers (below 40 years old) are taking care of OPs who are below 80 years old. However, the pattern is reversed for the care of those older than 80, where caregivers aged 40-49 predominate (28% vs 25% and 8% amongst those aged 70-79 and 60-69, respectively).

Sixty percent of caregivers are married, while 19% have never been married. In terms of education, 44% have reached at least the high school level, while one in five have a college education or higher. More than a third of the caregivers (36%) are working, while 42% reported having completely stopped working.

Table 12.2. Characteristics of Primary Caregivers by Sex and Age of Older Persons

Characteristics	SEX			AGE GROUP			TOTAL
	Male	Female	Sig	60-69	70-79	80+	
Sex							
Male	4.0	17.9	14.8	18.1	8.9	12.8	12.8
Female	96.0	82.1	85.2	81.9	91.1	87.2	87.2
Age							
Below 20	0.0	0.4	0.5	0.0	0.1	0.2	0.2
20-29	5.5	5.2	7.4	7.4	2.8	5.3	5.3
30-39	5.0	31.3	42.6	12.9	11.0	21.7	21.7
40-49	11.9	25.3	7.7	24.8	27.6	20.5	20.5
50-59	22.1	20.2	15.1	14.8	28.0	20.9	20.9
60-69	28.3	12.7	25.5	14.5	15.0	18.3	18.3
70-79	23.3	3.9	1.2	21.8	12.6	10.9	10.9
80+	4.0	1.1	0.0	3.8	2.9	2.2	2.2
Mean age	59.47	46.24	45.64	54.15	53.44	51.05	51.05
Marital status							
Never married	7.8	25.9	29.8	12.5	15.1	19.3	19.3
Currently married	77.4	50.9	55.7	71.1	58.8	60.5	60.5
Living in	10.3	10.3	11.4	10.4	9.4	10.3	10.3
Separated/Divorced/Annulled	3.4	6.5	3.1	5.5	7.0	5.4	5.4
Widowed	1.2	6.5	0.0	0.6	9.7	4.5	4.5
Education							
No schooling/elementary	51.4	27.0	27.3	42.1	39.0	35.9	35.9
High school	37.2	48.6	37.8	47.1	48.0	44.5	44.5
College+	11.4	24.4	34.9	10.9	13.0	19.7	19.7
Type of place of residence							
Rural	70.6	72.6	69.4	75.7	71.8	71.9	71.9
Urban	29.4	27.4	30.6	24.3	28.2	28.1	28.1
Work status							
Working	36.6	35.4	39.1	29.6	36.5	35.8	35.8
Stopped working completely	44.3	41.2	44.5	41.9	41.0	42.4	42.4
Never worked	19.1	23.4	16.3	28.5	22.5	21.8	21.8
% with caregiver training	1.4	6.7	5.4	2.8	5.3	4.8	4.8
N	125	219	112	76	156	344	344

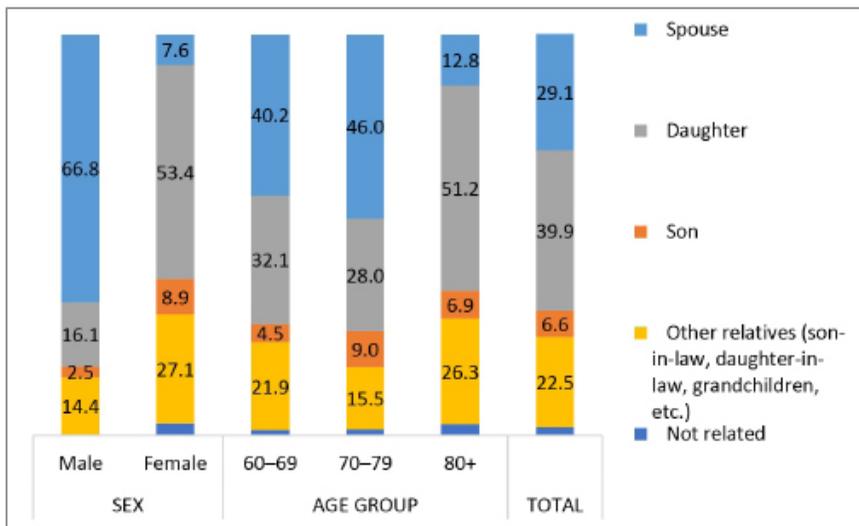
Source: Calculated by DRDF using original LSAHP data.

Only 5% of the primary caregivers reported having received training in caregiving. Compared to male OPs, more female OPs are being cared for by a trained caregiver (7% vs 1%).

As a whole, daughters make up the bulk of primary caregivers (40%), followed by spouses (29%) and daughters-in-law (9%).

Spousal caregiving is enjoyed more by male OPs, as 67% of them have their wives as their primary caregivers. In contrast, only 8% of older females identified their husbands as their primary caregivers. Spousal caregiving is more common in the earlier stage of ageing (ages 60–69 and 70–79) and declines in more advanced age (ages 80+).

Figure 12.2. Relationship of Primary Caregivers to Older Persons, by Sex and Age of Older Person



Source: Calculated by DRDF using original LSAHP data.

With regard to intergenerational caregiving or having their children as primary caregivers, more than half (53%) of older women are cared for by their daughters compared to older men (16%). Sons are also more likely to take care of their mothers than their fathers; 9% of older women reported their sons as their primary caregivers compared to 2% of older men (Figure 12.2).

Table 12.3. Relationship and Living Arrangement of Primary Caregivers to/with Older Persons, by Sex and Age of Older Persons

Relationship and Living Arrangement	SEX		AGE GROUP			TOTAL
	Male	Female	60-69	70-79	80+	
Relationship to older person						
Spouse	66.8	7.6	40.2	46.0	12.8	29.1
Son	2.5	8.9	4.5	9.0	6.9	6.6
Daughter	16.1	53.4	32.1	28.0	51.2	39.9
Son-in-law	0.0	0.2	0.0	0.3	0.1	0.1
Daughter-in-law	5.1	11.1	13.1	4.7	7.9	8.9
Grandson	0.6	1.2	0.2	3.0	0.6	1.0
Granddaughter	1.3	7.0	0.4	4.4	8.5	4.9
Other relative	7.4	7.6	8.2	3.1	9.2	7.6
Not related	0.2	3.0	1.3	1.5	2.8	2.0
Living arrangement with Older Person						
Lives with Older Person	85.7	80.9	84.0	83.7	81.1	82.6
Lives next door	6.2	13.7	7.7	8.6	14.6	11.0
Lives in same barangay	4.1	5.4	3.9	7.8	4.3	4.9
Lives in same city/municipality	0.0	0.0	0.0	0.0	0.0	0.0
Lives in same province	4.0	0.0	4.5	0.0	0.0	1.5
N	125	220	112	75	157	344

Source: Calculated by DRDF using original LSAHP data.

Geographic proximity is a factor in the caregiving arrangements of Filipino families. About 8 in 10 (83%) caregivers co-reside with the OP, and the level is almost similar across the OPs' age groups and between gender. Non-co-resident caregivers, on the other hand, are likely to be living next door to the OP or in the same barangay as the OP (Table 12.3). Half of the caregivers reported being of average health, while 19% said they are very healthy.

More caregivers who are taking care of female OPs reported being very healthy (26%) compared to caregivers who are looking after male OPs (8%). Similarly, a higher proportion of caregivers of older males reported being somewhat unhealthy (18%), in contrast to 10% amongst caregivers of older females.

This could be because female OPs are being taken care of by their children, especially daughters, while male OPs by their spouses, who might also be facing similar age-related health problems as their husbands (Table 12.4).

Table 12.4. Self-Assessed Health of Primary Caregivers of Older Persons by Sex and Age of Older Persons

Self-Assessed Health Status	SEX		AGE GROUP			TOTAL
	Male	Female	60-69	70-79	80+	
Current health status						
Very healthy	7.5	26.0	23.3	16.8	17.6	19.3
Healthier than average	22.5	14.5	17.1	27.2	12.9	17.4
Of average health	52.2	49.4	47.8	52.1	51.5	50.4
Somewhat unhealthy	17.6	9.6	11.8	3.9	17.2	12.5
Very unhealthy	0.2	0.4	0.0	0.0	0.8	0.3
<i>N</i>	124	219	112	77	155	344

Source: Calculated by DRDF using original LSAHP data.

Older Persons' Need for Care: A Caregiver's Assessment

Based on the caregivers' assessment, 86% of OPs have difficulty in performing at least one ADL. This is slightly higher than the self-report of OPs themselves. While only 22% of OPs reported to have difficulty in performing at least one ADL, the proportion is higher amongst those with primary caregivers (see Chapter 5).

The proportion is higher amongst older women than men (89% vs 80%) and, as expected, increases with age. Of all the activities mentioned, going out or leaving the house is the most common activity performed with difficulty by OPs (78%). This is followed by using the toilet (62%), taking a bath/shower by oneself (61%), and standing up from a bed or chair and sitting on a chair (60%). In all ADLs, more female than male OPs experience difficulty. Across age groups, only in activities such as walking around the house and going outside showed a clear pattern of association between age and experience of difficulty. The proportion that reported difficulty in performing these activities increase with age (Table 12.5).

Table 12.5. Assessment of Primary Caregiver of OP's ADL Difficulty by Sex and Age of Older Persons

Assessment of Primary Caregiver of OP's ADL Difficulty	SEX		AGE GROUP			TOTAL
	Male	Female	60-69	70-79	80+	
% of caregivers who assessed that older persons with difficulty has at least one ADL need assistance to perform the following activities						
Take a bath/shower by oneself	50.6	66.5	60.1	60.0	61.4	60.7
Dress	48.9	62.2	57.9	58.3	56.5	57.4
Eat	29.9	37.6	39.9	38.4	29.3	34.8
Stand up from a bed/chair, sit on a chair	58.4	61.6	57.2	61.7	62.1	60.4
Walk around the house	54.9	62.2	34.9	67.7	73.4	59.5
Go outside (leave the house)	70.3	82.4	68.5	76.6	85.5	78.0
Use the toilet	49.8	69.3	60.5	59.5	64.6	62.1
% of caregivers who assessed that older persons with at least one ADL difficulty	79.9	88.7	78.6	86.1	90.1	85.5
N	125	220	112	76	156	344

ADL = Activities of Daily Living, OP = older person.

Source: Calculated by DRDF using original LSAHP data.

For almost all ADLs, the majority of OPs with difficulty performing the ADLs were assessed as in need of assistance. More female OPs than male OPs need assistance in taking a bath/shower, standing up from a bed/chair, and using the toilet. The pattern is not as consistent when the age of the OP is considered. In most activities, there is an unexpected decline in the proportion of OPs in the older age groups who are assessed to need assistance compared to the younger age group. For example, 99% of caregivers reported that OPs aged 60–69 need assistance in the use of the toilet. This declined to 96% amongst 70–79 and 92% in the 80+ age category. A similar pattern is observed in activities such as going outside the house, standing up from a bed/chair, and sitting on a chair (Table 12.6).

Table 12.6. Primary Caregivers' Perception of the Need for Assistance of Older Persons with ADL Difficulty by Sex and Age of Older Persons

Perception of Primary Caregiver of OP's Need for Assistance	SEX		AGE GROUP			TOTAL
	Male	Female	60-69	70-79	80+	
% of caregivers who assessed that older persons with at least one ADL difficulty need assistance						
Take a bath/shower by oneself	88.7	98.9	92.9	97.5	97.1	95.8
N	63	144	68	45	95	208
Dress	95.4	95.1	94.5	90.4	98.1	95.2
N	61	136	66	44	88	198
Eat	75.3	87.0	96.8	71.8	77.3	83.3
N	37	82	44	29	45	118

Perception of Primary Caregiver of OP's Need for Assistance	SEX		AGE GROUP			TOTAL
	Male	Female	60-69	70-79	80+	
Stand up from a bed/chair, sit on a chair	72.5	92.3	87.3	81.4	85.9	85.3
<i>N</i>	73	134	64	47	95	206
Walk around the house	91.1	90.7	95.8	91.6	88.8	90.8
<i>N</i>	69	136	40	51	114	205
Go outside (leave the house)	97.2	92.1	90.6	96.8	94.3	93.8
<i>N</i>	87	179	77	58	132	267
Use the toilet	93.8	95.7	99.1	95.5	92.3	95.1
<i>N</i>	62	150	68	45	100	213
% of caregivers who assessed that older persons with at least one ADL difficulty need assistance	97.7	99.0	98.8	98.2	98.6	98.6
<i>N</i>	100	195	89	65	141	295

ADL = activities of daily living, OP = older person.
Source: Calculated by DRDF using original LSAHP data.

Caregivers are more involved in assisting OPs with household tasks than with personal care. Amongst female OPs, 94% of caregivers help in household tasks, 79% assist OPs with personal care, and 67% assist older women in activities related to moving around the house, going out, and visiting family and/or friends (Table 12.7). In contrast, a lower proportion of caregivers aid male OPs in performing these activities.

Table 12.7. Assistance given to Older Persons for Various Activities of Daily Living by Sex and Age of Older Persons

Assistance	SEX		AGE GROUP			TOTAL
	Male	Female	60-69	70-79	80+	
Percent who assist older person with the following activities of daily life:						
Household tasks	88.5	94.3	86.9	95.3	94.4	92.2
Personal care	71.3	78.8	74.3	81.8	74.5	76.1
Moving around the house, going on outings, visiting family or friends, etc.	49.7	67.2	61.9	59.4	60.7	60.8
<i>N</i>	125	218	113	76	155	344
Mean number of hours per week spent caring for OP						
Household tasks	35.09	29.69	27.13	36.61	32.13	31.60
<i>N</i>	111	202	98	72	142	313
Personal care	31.87	24.35	19.73	33.29	28.78	26.94
<i>N</i>	89	170	84	62	113	259
Moving around the house, going on outings, visiting family or friends, etc.	30.93	21.88	21.86	28.19	25.02	24.64
<i>N</i>	62	142	70	44	90	204

Source: Calculated by DRDF using original LSAHP data.

However, when it comes to the number of hours per week spent on caring for the OP, caregivers reported a higher average number of hours spent on older males than females in all the activities. Furthermore, more hours per week were spent on assisting OPs in more advanced ages (70 and over) than in the younger age group (60–69).

Using a 10-point scale (1 = *easy*, 10 = *difficult*), caregivers reported that caring for OPs has a mean level of difficulty of 5.44 (Table 12.8). The mean is slightly higher for male OPs (5.8) than for female OPs (5.2). Across age groups, caregivers have more difficulty in caring for OPs aged 80 and over (5.8 vs 5.6 and 4.7 for those aged 70–79 and 60–69, respectively). Thirteen percent of caregivers found caring for OPs difficult, while a slightly lower proportion (9%) found caring for OPs easy.

Table 12.8. Difficulty in Caring for Older Persons by Sex and Age of Older Persons

Difficulty	SEX		AGE GROUP			TOTAL
	Male	Female	60-69	70-79	80+	
Difficulty in caring for Older Person						
1	4.4	12.0	12.0	10.8	6.7	9.3
2	4.4	4.5	4.2	1.4	6.1	4.5
3	8.8	20.3	33.2	6.0	9.6	16.1
4	13.8	3.1	2.4	13.1	7.2	7.0
5	24.4	18.9	14.7	25.7	22.8	20.9
6	9.8	9.5	7.2	13.0	9.6	9.6
7	2.0	4.6	2.1	6.4	3.3	3.6
8	12.5	12.0	14.5	4.3	14.5	12.2
9	8.6	1.6	0.9	8.1	4.5	4.2
10	11.3	13.4	8.9	11.2	15.8	12.6
Mean level of difficulty in caring of Older Person	5.80	5.23	4.74	5.55	5.85	5.44
<i>N</i>	122	212	104	76	155	334
Median duration (in months) spent taking care of Older Person	6.00	11.49	5.00	4.00	24.00	8.00
<i>N</i>	125	218	113	76	155	343
Reason for being the primary caregiver						
I volunteered	64.0	30.0	39.5	50.0	40.8	42.4
Older Person requested me	5.1	9.1	2.8	2.8	13.4	7.6
Other family members requested me	4.6	6.3	3.7	7.8	6.1	5.7
I am the only one available	21.2	47.7	48.1	33.0	33.1	38.0
Others (Older Person took care of me as a child, lives with Older Person, etc.)	5.1	7.1	6.0	6.4	6.6	6.4
<i>N</i>	124	218	112	76	154	342

Source: Calculated by DRDF using original LSAHP data.

The median duration of caregiving is 8 months. Caregivers, however, spent a longer time taking care of older females than males (11 months vs 6 months) and of those aged 80 and over (24 months vs 5 and 4 months for those aged 60–69 and 70–79, respectively).

When asked why they are the ones providing primary care to the OP, 42% of the caregivers said they volunteered for the job while 38% said they are the only ones available. Amongst the caregivers of male OPs, 64% said they volunteered to do the job, while 21% said they are the only ones available to provide care; the corresponding percentages for caregivers of female OPs are 30% and 48%, respectively. Across age groups, 13% of caregivers of OPs aged 80 and over said they were requested by the OP to be the primary caregiver. This is in stark contrast to the less than 4% of caregivers who were requested by those aged 60–69 and 70–79.

Table 12.9. Situation as a Primary Caregiver by Sex and Age of Older Persons

Situation as a Caregiver	SEX		AGE GROUP			TOTAL
	Male	Female	60-69	70-79	80+	
% who agree or strongly agree with the ff. statements:						
I gained personal satisfaction from performing my care tasks	79.3	77.7	80.9	72.1	79.4	78.3
I have problems with Older Person (e.g., demanding, communication problems, behaves differently)	33.3	20.9	19.0	37.9	24.0	25.4
I have problems with my own mental health	19.9	20.7	28.1	21.4	14.2	20.4
I have problems with my own physical health	23.1	31.9	35.9	17.7	28.8	28.7
I have problems combining my daily activities	25.4	33.8	33.4	26.9	30.7	30.8
I have financial problems concerning my care tasks for Older Person	53.3	38.3	39.1	44.2	46.9	43.7
I have support from family/friends/neighbors/paid help in performing my care tasks for Older Person	48.2	51.6	52.9	45.4	50.9	50.4
<i>N</i>	125	218	113	76	155	344

Source: Calculated by DRDF using original LSHP data.

Finally, the majority of caregivers are satisfied in the performance of their care tasks, with 78% agreeing with the statement that they gained personal satisfaction in doing caregiving activities (Table 12.9). This statement was found true regardless of the care recipient's gender and age. Half of the caregivers also agreed that they have support from family/friends/neighbours/paid help in performing their care tasks.

While caring for either male or female OPs does not seem to differ much, notable differences still exist when it comes to the caregivers' attitudes and assessment of their situation. Amongst caregivers who are taking care of male OPs, more than half reported having financial problems concerning their care tasks (53%). In contrast, only 38% of caregivers of female OPs agreed with the same statement. This could be due to the fact that majority of the caregivers of male OPs are either their spouse or daughter who likely do not have jobs and, thus, do not have a stable source of income. Financial difficulty associated with caregiving tasks is also higher amongst caregivers who are looking after OPs of more advanced age. More caregivers of OPs in the younger age group (60–69) than those in the older age group (70–79 and 80+) agreed to the statements that they also have problems with their own mental and physical health.

Who Will Care for Older People? A Profile of Potential Caregivers

The OP respondents of the LSAHP, particularly those who reported not having a primary caregiver at the time of the interviews, were asked about the prospect of needing care later in life. Respondents were asked to identify the person who will most likely provide them with care should they need it in the future.

Almost a third of potential caregivers mentioned by the OP respondents are males (29%). This is more than double the percentage of primary caregivers who are males (13%). This suggests a high expectation towards spousal caregiving but since men die earlier than women, when the need for caregiving arises, majority of older women would be taken care of by their children rather than by their spouse. The same pattern found in actual caregiving practice exists – both male and female OPs prefer females as potential caregivers (Table 12.10).

In terms of age, potential caregivers are younger than primary caregivers, with a mean age of 45.5. Between male and female OPs, the choice of potential caregivers differs significantly when age is considered: the mean age of caregivers amongst male OPs is 49.4, while that for the female OPs is 43. Across age groups, caregivers of OPs in the older group have higher average age compared to the younger age group. Similar to the primary caregivers, the majority of potential caregivers are currently married (66%) and have at least a high school education (62%). More than half are currently working (55%), with the proportion slightly higher amongst those who were mentioned by female OPs (58% vs 50%). Sixty-one percent are residing in rural

areas. A very small proportion of those identified as potential caregivers has caregiver training (2%).

Table 12.10. Characteristics of Potential Caregivers by Sex and Age of Older Persons

Characteristics	SEX		AGE GROUP			TOTAL
	Male	Female	60-69	70-79	80+	
Sex						
Male	18.5	36.9	29.8	29.2	27.4	29.4
Female	81.5	63.1	70.2	70.8	72.6	70.6
Age						
Below 20	1.1	2.6	1.1	4.2	1.8	2.0
20-29	15.9	17.0	19.5	11.4	11.1	16.6
30-39	13.2	26.0	21.5	22.4	11.9	20.8
40-49	10.2	25.3	16.8	24.4	20.6	19.1
50-59	27.4	12.7	17.4	17.1	31.2	18.7
60-69	25.7	12.5	22.0	9.4	13.8	17.9
70-79	6.1	3.3	1.6	10.4	7.5	4.5
80+	0.5	0.5	0.1	0.7	2.2	0.5
Mean age	49.37	42.89	44.85	45.69	49.64	45.53
Marital status						
Never married	13.8	17.4	14.8	16.6	21.0	15.9
Currently married	71.9	62.7	69.1	63.6	56.0	66.4
Living in						
Separated/Divorced/Annulled	1.7	4.0	2.4	3.2	7.4	3.1
Widowed	0.9	1.8	0.8	1.8	4.7	1.4
Education						
No schooling/elementary	46.2	33.0	38.4	38.7	36.9	38.4
High school	35.7	48.7	44.1	42.0	42.6	43.4
College+	18.1	18.3	17.4	19.3	20.5	18.2
Type of place of residence						
Rural	62.7	59.3	60.6	59.0	66.1	60.7
Urban	37.3	40.7	39.5	41.0	33.9	39.3
% currently working	49.7	58.1	53.0	58.6	54.7	54.7
% with caregiver training	2.2	2.4	2.0	2.8	3.1	2.3
<i>N</i>	1,879	2,731	2,952	1,214	445	4,611

Source: Calculated by DRDF using original LSAHP data.

As with primary caregivers, OPs will likely rely on their family for caregiving. Daughters account for a third (32%) of the caregivers mentioned by OPs, followed by the OPs' spouse (31%) and sons (15%). The majority (64%) of caregivers mentioned by OPs live with them. About one in five live in the same barangay, while 15% live next door (Table 12.11).

Table 12.11. Relationship of Potential Caregiver to the Older Person by Sex and Age of Older Persons

Relationship and Living Arrangement	SEX		AGE GROUP			TOTAL
	Male	Female	60-69	70-79	80+	
Relationship to Older Person						
Spouse	52.6	16.3	38.6	20.7	10.9	31.2
Son	13.8	15.5	13.6	16.9	17.2	14.8
Daughter	19.3	41.4	30.8	35.5	34.1	32.3
Son-in-law	0.5	0.6	0.3	0.6	2.4	0.6
Daughter-in-law	2.8	7.8	5.2	5.7	9.4	5.8
Grandson	1.4	1.5	0.1	3.6	4.3	1.5
Granddaughter	1.4	6.3	2.4	7.1	9.4	4.3
Other relative	7.5	9.6	8.2	9.3	11.1	8.8
Not related	0.8	0.9	0.9	0.8	1.2	0.9
<i>N</i>	1,874	2,703	2,917	1,214	445	4,576
Living arrangement with Older Person						
Lives with Older Person	76.5	55.3	66.2	59.9	60.0	63.9
Lives next door	11.5	17.0	14.2	16.4	13.9	14.8
Lives in same barangay	11.0	25.3	17.8	22.1	23.6	19.5
Lives in same city/municipality	0.8	1.7	1.5	1.3	0.6	1.4
Lives in same province	0.1	0.1	0.0	0.1	0.7	0.1
Lives in a different province	0.2	0.6	0.4	0.2	1.2	0.4
<i>N</i>	1,878	2,729	2,948	1,213	444	4,605

Source: Calculated by DRDF using original LSAHP data.

When asked how they assess their current health status, close to half (43%) said they are of average health, while half said their health is either better than average or that they are very healthy at the moment. Only 8% rated themselves somewhat unhealthy. Potential caregivers expressed their willingness to assume the responsibility of caregiving should the OP need it in the future. (Table 12.12).

Table 12.12. Self-Assessed Health of Potential Caregivers of Older Persons and their Willingness to Assume the Caregiver Responsibility by Sex and Age of Older Persons

Self-assessed Health Status	SEX		AGE GROUP			TOTAL
	Male	Female	60-69	70-79	80+	
Current health status						
Very healthy	19.8	25.8	23.9	22.4	22.7	23.4
Healthier than average	26.8	25.8	26.1	26.5	26.6	26.2
Of average health	42.9	42.7	42.3	44.0	43.2	42.8
Somewhat unhealthy	10.3	5.6	7.8	6.9	7.5	7.5
Very unhealthy	0.1	0.0	0.0	0.2	0.0	0.0
% willing to assume responsibility as caregiver	99.9	99.9	100.0	99.9	99.7	99.9
<i>N</i>	1,878	2,729	2,948	1,213	444	4,605

Source: Calculated by DRDF using original LSAHP data.

Summary, Conclusions, and Recommendations

One major challenge faced by ageing societies is the increasing demand for caregiving arrangements, especially long-term care. Ageing is often associated with declining health and limited functional abilities. While the Philippines does not yet have an ageing population, indications suggest that in the near future, it will also have to deal with the issues resulting from an increasing number of older people. This prospect will occur alongside other demographic phenomena, such as declining fertility, longer life expectancy, the continuous migration of the younger population to urban areas and other countries. These have repercussions on family life and arrangements, amongst them family caregiving practices.

Using data from the survey of caregivers of OPs in the Philippines, we were able to explore the current caregiving arrangements amongst those with primary caregivers, as well as the prospects for those who are not yet care recipients. The survey also provides data on the profile of those who provide and will provide care to OPs.

Results show that only 7% of OPs aged 60 and over have primary caregivers. This implies that the majority are still independent and do not need any long-term care. This confirms the finding in the previous chapter on intergenerational exchange, where instrumental support is the least form of support received by OPs from their children.

Females make up the majority of primary caregivers and are the preferred potential caregivers. This gender preference for caregiving tasks becomes more meaningful when situated within family relationships. The gendered notion of family caregiving is evident in the results of the study: spousal caregiving is more associated with the wives providing care for their husbands, while intergenerational caregiving is synonymous with daughters taking care of either their fathers or mothers. This pattern is also replicated in succeeding generations, where granddaughters are more involved than grandsons in caring for their grandparents. The sons' caregiving duties are even passed on to their wives; thus, next to daughters, the daughters-in-law assume the caregiving responsibility. But a look at older Filipinos' preference for potential caregivers reveals that male family members are also expected to assume the caregiving responsibility. For instance, 15% of OPs expect their sons to take care of them in old age. In actual practice, however, only 7% of OPs have their sons as primary caregivers.

Moreover, the fact that the average age of primary caregivers is 51 suggests that they are in the stage of life where they might have to juggle the responsibilities of family life, such as being a parent and/or a spouse. With females comprising the bulk of primary caregivers, the double burden of caring is heavier on Filipino women.

Co-resident family members are more likely to provide care than non-co-resident family members, indicating that proximity is a factor in the provision of care. While the migration of the younger generation might cause some disruptions in the expected pattern of care provision, the results also highlight the presence of other kin close by who could provide caregiving support to the OP.

Based on the caregivers' assessment, the majority of OPs they are taking care of have difficulty with at least one ADL, and that they need help in performing some ADLs such as going out of the house, standing up from the bed or chair, using the toilet, and taking a bath. These functional limitations are more common amongst female OPs than male OPs. An interesting finding is that caregivers provide more assistance in household tasks than in the personal care of OPs. To some extent, this may imply that caregiving duties are viewed as part of the normal household chores of the designated primary caregiver. This finding is in line with the female orientation of caregiving tasks as well as the expectation that these are the normative duties of women in the household.

The majority of primary caregivers said they volunteered for the task and, in general, found personal satisfaction from performing their care tasks. Almost all potential caregivers expressed their willingness to take on the caregiving responsibility when the need arises. These findings signal that all is well when it comes to the care of OPs in the Philippines, but the critical question is for how long. What kinds of intervention programmes or policies can be put in place to help families care for their ageing members?

The results of the caregivers' survey confirm the notion of caring for OPs as family based and family oriented. This could take the form of either spousal or intergenerational caregiving. The results, however, highlight mainly the experience of the traditional Filipino family. With the changing family structure and composition, the kind of caregiving experienced by those who do not have a spouse or children is also worth noting. This is one area that could be explored in future studies.

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