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Report on Transnational Caregiving

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Introduction:

Transnational caregiving by adult children in the host country to ageing parents in the home country is common with globalisation and increasing mobility in the labour market. As per the UN statistics, the number of people aged 65 years or older worldwide is projected to double to 1.6 billion in 2050, constituting a big percentage of the population who will require caregiving of some kind. Informal family caregiving is the most common yet crucial provider of caregivers.

Transnational or long-distance caregiving involves the exchange of support and caregiving to ageing parents in their home country across borders, usually by adult children who have migrated or resided in another country. This type of caregiving has occurred mainly due to globalisation and global ageing (V. E. Dhar, 2011). While my focus is on across-country caregiving, it can also involve internal migration, i.e., from rural to urban areas within the country, for better economic prospects. In these cases, caring is guided by a few factors like cultural norms, familial expectations, and gender roles, including attitude towards institutional care, etc., which impacts the quality of life for care recipient and caregiver alike.

Transnational caregiving is challenging for cross-border families as caregiving is impacted by geographical distance, gender expectations (Cejalvo et al., 2021), economic conditions, and intrinsic issues like guilt for not being able to assist with hands-on help (Miyawaki & Hooyman, 2021). It has also created an alternate economy of formal paid caregivers who support the adult children in their care provisions, resulting in quasi-family relationships with formal caretakers due to extended periods of caregiving (Ting & Ho, 2021). This form of caregiving encompasses the intricate nature of care within families and communities, involving multigenerational, multidirectional, and multidimensional care flow.

Therefore, to have a deeper understanding of transnational caregiving, this report will include a literature review on the factors and challenges adult child caregivers face and interview adult children to learn from their lived experiences. This study aims to better understand the immigrant adult children's experiences as a secondary caregiver to their ageing parents in their home country while identifying the challenges and factors contributing to the well-being of the caregiver(adult children) and care recipient(ageing parents).

Inclusion Criteria:

This report has cited published articles from the electronic database of the SUSS library, Google Scholar, PubMed, Journal of Family Studies, JStor and Springer Link. Search terms used included transnational, caregiving - formal and informal, immigrant, overseas, abroad, care, elderly, aged, older, elder, senior, gerontology and parent. I have used about 20 articles

to review the topic. These include peer-reviewed articles from academic journals, excluding books, book chapters and conference papers.

Types of Transnational Caregiving-

Transnational caregiving can be classified into four types(Baldassar, 2007):

1. Personal support is a hands-on approach - intimate or manual care.
2. Practical support includes availability to assist with daily household activities when they visit and offer respite to the other sibling who lives with the aged parent. This also includes availability to assist with daily household activities, shared decision-making with siblings, arranging doctor appointments, etc.
3. Economic support can be through remittances, taking care of medical bills and medical support staff, insurance, arranging for logistical arrangements and transfers.
4. Emotional or moral support can be provided through digital communication technology through video/audio calls or increased frequency of visits to the home country.

Factors Affecting Transnational Caregiving

Cultural and familial norms: Traditionally, the care of elders takes place within the household, with children taking on the caregiver role. They experience a range of emotions when navigating expectations for eldercare from their children, whether based locally or across borders. Family expectations in the form of filial piety determine caregiving irrespective of geography. This is a cultural and familial norm in Asian countries; it is also prevalent in other cultures, wherein there is stress over honouring and respecting one's parents. There is an expectation by the parent to show respect, care, and obedience by the children, which could be in cash or kind, in this case, to provide care support. There is an unspoken expectation and obligation that care will be returned to the aged parents when needed(Baldassar and Merla, 2014).

Caregiving is affected by the collectivist or individualist norm. There is a perception of being solely responsible for caregiving in an individualistic society, making caregiving a burden, versus in a collectivist society where sharing responsibility among the community and extended family members is not taboo. It is grounded in sociocultural beliefs centred around familial obligations (Ng & Indran, 2021). Findings also suggest that social norms assign the duty of caregiving to the son (Horioka et al., 2018; R. L. Dhar, 2012), which means that even if they migrate to another country, they are still responsible for caregiving to their aged parents.

Family structure/social support: Support and communication among siblings who live in the home country and overseas are highly significant in this context as crucial decisions must be reached regarding the allocation of care for older generations, including considerations of how,

when, and where caregiving of parents responsibility should be undertaken to ensure the stability of care. This results in a better understanding of care provisions by a clear delegation of roles over a period of time(Sampaio & Carvalho, 2022). Ting and Ho (2021) used 'care-slotting', wherein siblings fill an absent kin's role. This refers to sharing and allocating care duties in times of disability or severe illness or deciding arrangement terms.

In addition, the community, in the form of extended family members or neighbours, assists the transnational caregiver by participating in support activities(Baldassar, 2014; Lee et al., 2015). It could be as simple as a courtesy call over the telephone, an occasional physical visit or accompanying the parent to a routine doctor visit.

Gender roles: Caregiving responsibilities have traditionally been assigned to females, whether to children, parents or parents-in-law(on behalf of the son). Regardless of country or circumstance, caregiving is a private gendered phenomenon wherein daughters and daughters-in-law provide more care than male children. This gender bias could be due to two reasons. Firstly, due to males' ability to compartmentalise caregiving roles over other roles and secondly, by providing financial support, they felt they could offset the need to provide emotional caregiving duties(Miyawaki & Hooyman, 2021). It is also seen across articles that daughters who lived overseas feel obligated to contribute actively to hands-on caregiving through extended return visits. This commitment extends beyond filial duties, offering siblings relief and respite(Baldassar, 2007; Brijnath, 2009).

Use of technology: By using polymedia, i.e., audio, video, or text, the families interact. Digital communication devices help keep in touch with loved ones across borders, thus enabling adult children to reduce annual trips to their home country. Polymedia includes video calls through Facetime, zoom, skype and WhatsApp. This helps reduce the economic and emotional costs incurred by flight tickets, leaves taken from work, and time away from his/her family.

Technology under transnational care would also include Remote Technology(RMT). With the advancement of gerontechnology, adult children can explore technical tools in the form of monitoring devices at places of residence or on the parent itself as a tracking device. This gives them greater options to fulfil their filial obligations(Cabalquinto, 2019, Tian et al., 2023). Older adults can delay the need for institutionalised care as they discover that smart technologies can detect deviations from normal health patterns that can be remedied immediately and improve quality of life, leading to independence from formal caregivers.

Attitude towards institutional care: Due to the prevailing cultural inclination for family members to receive care within the home, most adult children tend to employ paid 'live-in' caregivers to attend to their parents. Culturally, institutional care is often associated with

symbolising a form of 'abandonment' which goes against filial piety(Miyawaki & Hooyman, 2021). It is also to be noted that irrespective of the country of origin, resorting to institutional care is commonly perceived as a final resort. Sometimes, this could also be due to the inability to afford the comparatively high cost of institutional care in the home country.

Formal care – Kinning: Kinning is developing a kin-like relationship between the formal caregiver and the care recipient. It is the shift from a transactional caregiving arrangement to an emotional connection. This leads to enhanced care for the elderly parent and simultaneously elevates the formal paid caregiver's self-esteem and mental health. Through the positive relationship, the caregiver assumes a new social role akin to family, emphasising the potential for caregiving to be a mutually shared and reciprocated experience, even in formal caregiving(Ting & Ho, 2021).

Challenges to transnational caregiving -

1. **Guilt**: Adult children experience guilt and anxiety for not being able to physically be present to take care of their parents due to their job and family (Baldassar et al., 2017; Sethi et al., 2022). They must maintain a work-life balance by choosing to reside in the host country to maintain their family and for economic reasons, e.g. high-paying jobs. This can result in negative consequences of serious psychological and emotional struggles. Expressing guilt has been accepted as a culturally appropriate response to concern and care(Baldassar, 2015).
2. **Reliance on a support system** can refer to dividing roles between siblings through negotiations or reliance on extended family members to paid staff and formal caregivers. Providing time and support - social and emotional in times of crisis can be very challenging due to the imposition and request of additional duties. It requires a lot of coordination and understanding between the members. The number of siblings affects the coordination and quality of care activities as the duties are split by mutual decisions to aid in navigating healthcare and institutional resources. This is also dependent on weak social welfare systems in the home country, making one rely on informal networks of support, extended family members, and social and emotional support in need of crisis when they may not be equipped to do efficiently, leading to improper care(Mingot, 2019)
3. **Emotional and financial costs of care:** Pressure to stay in constant and regular communication and visits are attributed to emotional costs. Financial costs increase due to frequent trips to the home country, utilising time and money, thus, low savings. Indirect costs can be due to using vacation time to fulfil care obligations, which reduces adult children's ability to do leisure travel, missing time from work, or needing to assume

additional employment to manage care costs. Inflexible family leave policies in the host country often add to the economic cost(Miyawaki & Hooyman, 2021).

All the motivations and decisions regarding continued care from afar depended on familial obligations and cultural norms. It plays a big role in fulfilling the expectations, i.e. filial piety from ageing parents. It is seen as a reciprocation of care towards the parent in monetary and physical care which is evidence of social exchange theory(Wan & Antonucci, 2016) in play. While some families have redefined filial piety as receiving only emotional care, the trend is largely a combination of all three - monetary, physical and emotional. While parents perceive it as inadequate care over the expectations they had if they lived nearby, the adult children feel guilty for the choice made for better economic status thus, it impacts the quality of life for both the children and the ageing parent. The adult children's awareness and access to assistive technologies eased the introduction of such devices over and above the basic communicative devices. Assistive technologies elevate individuals' functioning, independence, well-being, and overall quality of life. They mitigate caregiving burdens on informal caregivers by fostering greater autonomy among older adults.

Most literature emphasised that nursing or retirement homes were considered to be taboo for parents and children alike. This was also due to the intention to age in place, i.e., the home care model, wherein you have a combination of formal and informal help to support the ageing parents with guidance from the children. This is common in countries like Singapore and India wherein a formal caregiver assists in daily activities, including doctor visits and family events leading to kinning. There are pros and cons to this process. The parent's level of trust and comfort in the formal caregiver leads to a better quality of life for them. The nature of the relationship between the ageing parent and adult child also determines kinning. i.e., suppose the adult children's caregiving motivation and availability are strong or perceived to be more than adequate. In that case, the parent may not want to view anyone else as kin, even if a deep bond is created with the formal caregiver. This also would alleviate the guilt experienced by adult children.

Financial and emotional costs for long-distance caregiving are determined by the migrant status in the host country, i.e. if they are citizens or have permanent residency status, the ability to fund and travel isn’t restricted. However, there may be a tendency to offset the emotional cost by providing more expensive care services. A flexible workplace arrangement contributes to better caregiving options, but it comes with the price of a stagnant career. With lower-level migrants, the ability to travel is affected economically and emotionally. During COVID-19, Singapore and other countries did not allow the free movement of people on work permits,

affecting their ability to travel to tend to aged parents. They may not have been allowed to re-enter the country if they did.

Having done the literature review themes, I want to explore what life experiences are for adult children and see how the literature findings match with them. Use of qualitative research done by phenomenological approach through interviews would best fit understanding the lived and subjective experiences of adult children's experiences as a secondary caregiver to their aged parents in their home country.

Data Collection, Participants, and Sampling

Data was collected to enable a thematic analysis approach to derive patterns in their caregiving experiences. The data was collected from 6 adult children through interviews. The adult children migrated to the host country, namely 3 from Singapore, one each from the United States of America, Canada and the United Kingdom. This includes three male and three female adult children. I used a purposive sampling technique for the study as the focus was on adult children who live in migrant countries and have performed caregiving overseas to aged parents over time. The adult children were mostly in their late 40s, and the ageing parents' age ranged from the late 60s to early 90s. Inclusion criteria required them to be in this caregiving role for at least a year.

Procedure

Interviews were conducted over the phone except for one respondent who could not make voice calls due to time differences and prior commitments. He agreed to answer the questionnaire in writing and was available for clarification. As the details were very personal, the participants were assured of the confidentiality of information along with informed consent, and the participation was voluntary. The interview with open-ended questions aimed to prompt participants to contemplate their sentiments regarding the perceived repercussions of transnational parental caregiving, utilising the theme of views and experiences as the foundation for exploration.

I intend to use findings from interviews to correlate and validate the findings from the literature review and understand how if at all, they translate into lived experiences. This study aims to gain a deep and thorough understanding of the caregiving experiences of children while identifying the challenges and factors contributing to the caregiving process.

Interview findings

Analysis of the interviews revealed diverse perspectives and experiences among the respondents regarding the care of the elderly. The interviews uncovered a few themes - Cultural factors, Gender roles and Caregiver burden highlighting various facets of caregiving

for elderly parents from the caregiver's perspective. Aligned with the phenomenological approach, these results indicate multifaceted factors influencing adult children's experiences.

Theme 1: Cultural factors

All the respondents willingly took on the caregiving role for various reasons. Primarily, it was out of duty, i.e. cultural factors as an only child or as a son or out of love. Single children respondents accepted that they didn’t have a choice. All were mentally prepared and aware they would have to take this role irrespective of their geography. So they could make it work with help from siblings who lived close to their parents or from formal part-time or full-time help. This was also evident in the articles quoted in the literature review. The concept of seva(filial piety) to parents fits here since all the respondents are of Indian origin. Still, the children's emotional bonding with the parents was also instrumental in them taking over the transnational caregiving. They felt guilty for not being able to move back to India but had made peace with the system they had set up to ensure proper care and supplement it with annual trips dedicated to caregiving duties. Also, as they are in their life course of working age, moving back to their home country felt unnecessary.

The negative attitude towards institutional care was a common issue across all respondents. It reflected poorly on the adult children's capability and intention to care for their parents. This was unacceptable to the children who did this out of the reciprocation of love received from their parents.

Theme 2: Gender

Based on the interviews, it was evident that care recipients tended to rely on female children for emotional and other support during caregiving. In contrast, male children were expected to do only medical and financial support. Caregiving was not restricted to male children; female children also helped or supported their siblings. There was an expectation that male children should be primarily responsible. In contrast, female children would participate in caregiving more in a secondary role as they had their in-laws and children to care for. The spousal support from the adult children was comparatively higher if the caregiver was the son. It is largely acceptable for the daughter-in-law to contribute to caring for in-laws, which can be attributed to Gender schema theory(Bem, 1981).

Male children seemed to be more resilient when it comes to managing physical and mental needs and having the ability to compartmentalise. Removing the emotional angle from caregiving made them sound this role as a duty sans emotional attachment, which resulted in less guilt. Female children, on the other hand, felt they required psycho-social support from

siblings, family members or professionals as they felt they could do more. The perception of inadequate contribution to caregiving by daughters was evident in the interviews.

Theme 3: Caregiver burden

The interviews revealed that the caregiving burden was dependent on a few factors. First, if the number of medical issues was high or mobility was affected, it put much pressure on the caregiver to arrange and coordinate things, resulting in more trips to India. This impacted the quality of life for the adult children and their families.

Next, longer periods of dependency on caregiving tend to wear out the children as it can be draining emotionally, financially and physically even though they are secondary caregivers. Also, the emotional bonding during the pre-caregiving phase determined the burden on the child. If the relationship between the parent and child is positive, the negative impact is much less. In contrast, bitter relations before this stage made the caregiving role very overwhelming as there was some amount of mistrust and microaggressions in the relationship.

Furthermore, if the caregiving support, including medical or otherwise decisions, was shared amongst siblings or family members, it helped reduce the burden on the adult children. The ability to source more non-medically trained part-time help for cooking, cleaning, washing, and maintenance is a very common phenomenon in India. This was acceptable as duties would get distributed amongst all, and one could take over the other's roles during their absence, giving them flexibility and reducing pressure and burden on the family and, in turn, the caregiver. The numerous staff were a substitute to connect socially to the outside world, especially for an immobile parent. Reliance on informal and extended family is common in countries with weak social welfare systems. This availability of human resources leads to less technology usage in terms of monitoring. Social connectedness was important to the ageing parents. Interestingly, the reliance on technology was easier if the aged parents were reluctant to have formal help.

Additional findings

A few noteworthy factors from the interviews were that the quality of care provided depended mainly on the nature of the job held by the adult children. The concept of 'Temporality' was evident in almost all the respondents except one. "Temporality refers to the pattern that families need the ability to move across borders within a compressed time period, often to address health crises, rather than developing policies to support time off for routine caregiving (Brijnath, 2009)". A flexible job like working from home or understanding from the organisation having to take sudden trips to India for emergencies, along with a supportive supervisor, was highlighted. It was instrumental in having that kind of environment to sustain

transnational caregiving successfully. Two of the respondents were self-employed, giving them much flexibility to manage their dates around important doctor appointments and club trips for work and caregiving. The flexibility offered by the organisations to carry caregiving duties comes with a price to pay, e.g., the workload has to be lesser, leading to the perception that the person isn't working enough; thus, promotions are lesser, and moving up the ladder is harder. Accepting projects which require travelling isn't an option.

Culturally, to rely on professional help for mental well-being meant having a weak family system and social circle. None of the dyads(ageing parents or adult children) relied on professional resources for psycho-social support. Relying primarily on family for support is evidence for the Family system theory (Dore, 2008), which sees the family as a group of interdependent individuals, making the family a system, and a change in one family member affects the others. They felt that existing support was adequate except for one child whose mother passed away, and 13 years of caregiving had taken a toll on her. While she knew she needed help, financial costs and time constraints hindered her from accepting professional help. She started therapy much after her mom passed away to process the impact of her loss and the years of caregiver burden she shouldered by herself. This shows strong family and sibling bonding wherein the care slotting(Ting and Ho, 2021) has worked efficiently, even to provide emotional support to each other when times are tough.

Even though access to flights and money was not an issue when it came to travel and access to parents, the geographical distance in terms of the time difference and travel time affected caregiving. Children who lived in the USA, Canada and the UK travelled less frequently than those in Singapore. This was an issue with the dyad, but there was no way to circumvent it, so reliance on daily video calls with a vast time difference more conducive to ageing parents was a common occurrence. The distance was also an issue due to anticipating emergencies or crises. The travel time would be substantially longer, making them inaccessible for calls and decisions if needed.

The children were very well versed in the medical issues faced by the parents, including potential issues and the path the disease would take, eventually indicating that they are prepared for what may come next. One of the sons wanted to explore the area of AI to create an AI robot as the caregiver who could help his father with his Activities of Daily Living (ADL). This was his way of easing the caregiving responsibilities for his mother, who was the primary caregiver but was not comfortable with having live-in help for her husband, who needed much physical assistance with his ADLs.

All but two of the adult children had exercised the option of trying to get their ageing parents to shift to the host country. Still, it was futile as the parents missed the comfort and familiarity of home and preferred a transnational caregiving arrangement. Ageing in place was important to them. One child couldn't due to financial constraints, and the other had a dependent sibling who was slightly disabled and wouldn't be allowed to migrate as per the country's rules. This shows that despite the high economic and emotional costs incurred, the adult children fulfilled their filial duty to their ageing parents in their home country by doing transnational caregiving(Miyawaki & Hooyman, 2021). Financially, most parents depended entirely on their children except for one parent who was a senior lawyer before her retirement. She had personal insurance, and adequate savings and investments were provided to cover all her medical expenses when needed. The daughter appreciated this sort of financial planning as it reduced her economic burden and gave her more flexibility in her work life.

The absence of kinning in any of the respondents was interesting. This could be because the ageing parents could not accept a paid caregiver as an extension of their family, and frequent visits by children confirmed that only their own relationship would ever live up to their expectations. It seemed as if there was a thriving resource pool for formal live-in caregivers in India, but getting someone trustworthy and acceptable to the parent's standards was difficult, and it was avoided till the parent or the caregiving spouse, who is also an older adult with issues, accepted the arrangement.

Limitation:

One of the limitations was the sampling method. All the participants were recruited from the same ethnic background.

Conclusion:

As elaborated earlier, family caregiving across borders is shaped by the availability of resources, cultural norms, and the level of acceptance among caregivers responsible for tending to elderly family members. Many lived experiences validated the published literature on the topic with some variations in terms of cultural and gender role expectations and the use of technology. The interviews revealed themes indicating the different aspects of elderly parental caregiving from the caregiver's perspective. Consistent with the goal of phenomenology, these findings suggest a complexity of factors that cause the lived experiences. Caregivers' burden is higher if the care recipient is an elderly person with dementia, posing unique emotional and physical challenges leading to isolation of the dyad (Stenberg & Hjelm, 2022). Further research can explore how this translates in a transnational caregiving context.

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Appendix A:

Interview questions for the Caregiving dyads - adult child in the host country and ageing parent in the home country.

No.	**Question**	**Response**
1.	**Details about the dyad:**	
	Relation to each other Age of the dyad	
	Geographical location	
	Issue of CR – medical co-morbidities, disabilities etc	
	Caregiver employment status	
	Was it a choice? E.g. cultural - Filial piety, family pressure, resistance to institutional care, nature of CRs issue.	
2.	Number of physical visits by CG (number/nature - clubbed with holiday or work / time is sufficient?)	
3.	**Support system in place:**	
	People – co-ordinating staff, family members /doctors/pharmacists/helpers /nurses /neighbours?	
	Use of Technology – apps/online services utilised on both ends	
	Economic status – CR savings or CG provided.	
4.	Challenges/dilemmas experienced in this arrangement. Were you able to overcome it? If Yes - how? and if no, why not?	
5.	Did you anticipate this arrangement? Any preparation pre/post the arrangement?	
6.	How has this impacted your lifestyle?	
7.	Elaborate on the psycho-social support used by the dyad. Coping style E.g. support groups – formal/informal, activities - meditation/art /hobby session, creating a support network, therapy. What has helped and how?	
8.	Are you satisfied with this transnational caregiving arrangement? If you could change something, what would it be?	