

# **Singapore Survey on Informal Caregiving**

**The Status and Characteristics of Older  
Adults (75+) and Their Caregivers**

**Survey commissioned by MCYS**

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# Background

## Objective:

- Social, economic and demographic characteristics and health profile of caregivers and care recipients
- Social, economic and demographic characteristics and health profile of potential caregivers and care recipients

## Methodology:

- National survey of older adults 75+ with at least one ADL and their primary caregiver (N=1190)
- Additional subsample of older adults 75+ with no ADL and their named potential caregiver (N=792)

# **Characteristics of Study Subjects**

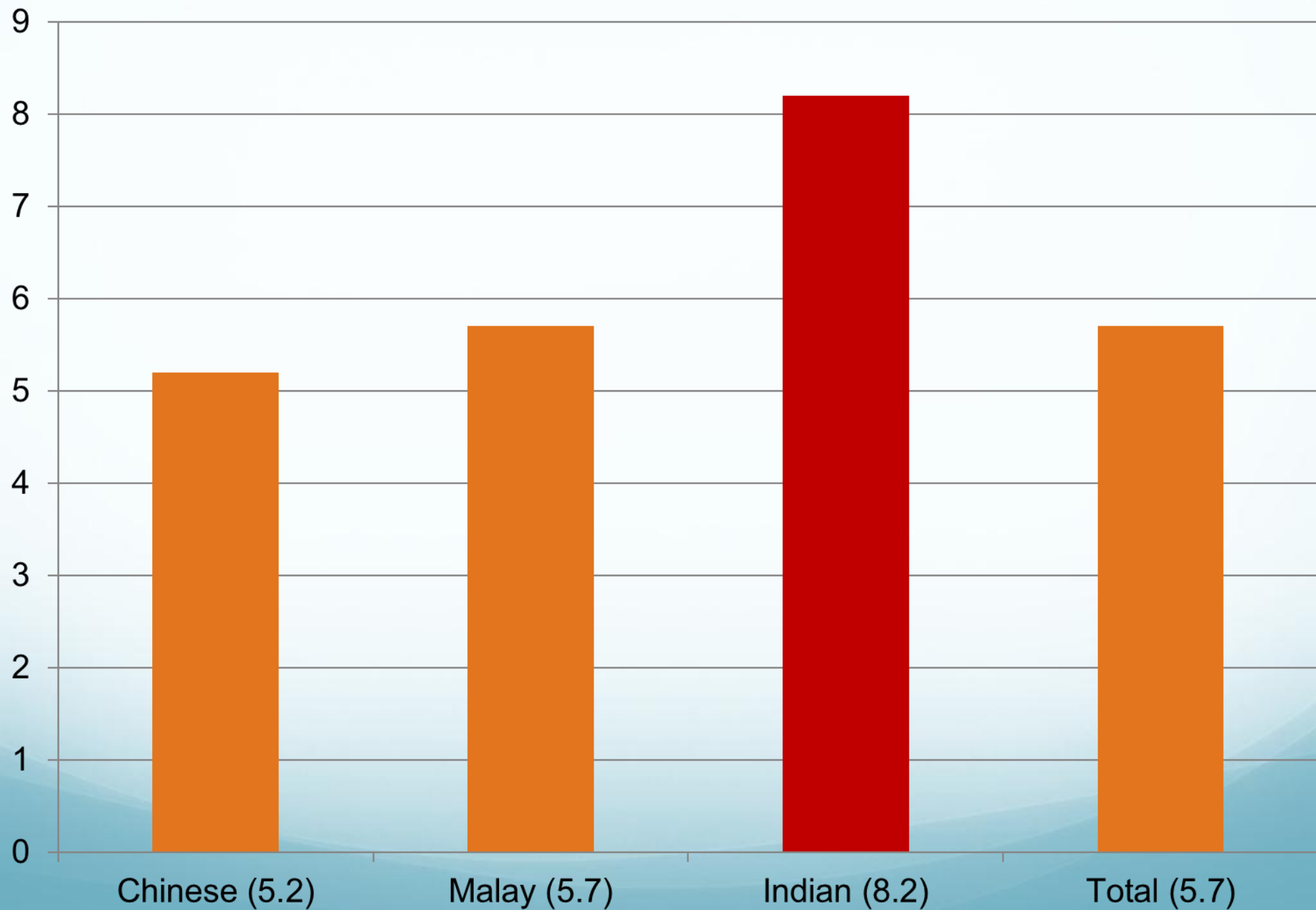
# Who receives care?

- **Older** (average age - 84)
- **Widowed** (65% of sample)
- **Women** (69% of sample)

# Care Recipient Health (Mean)



# Care Recipient's Depressive Status (Mean CES-D Score)



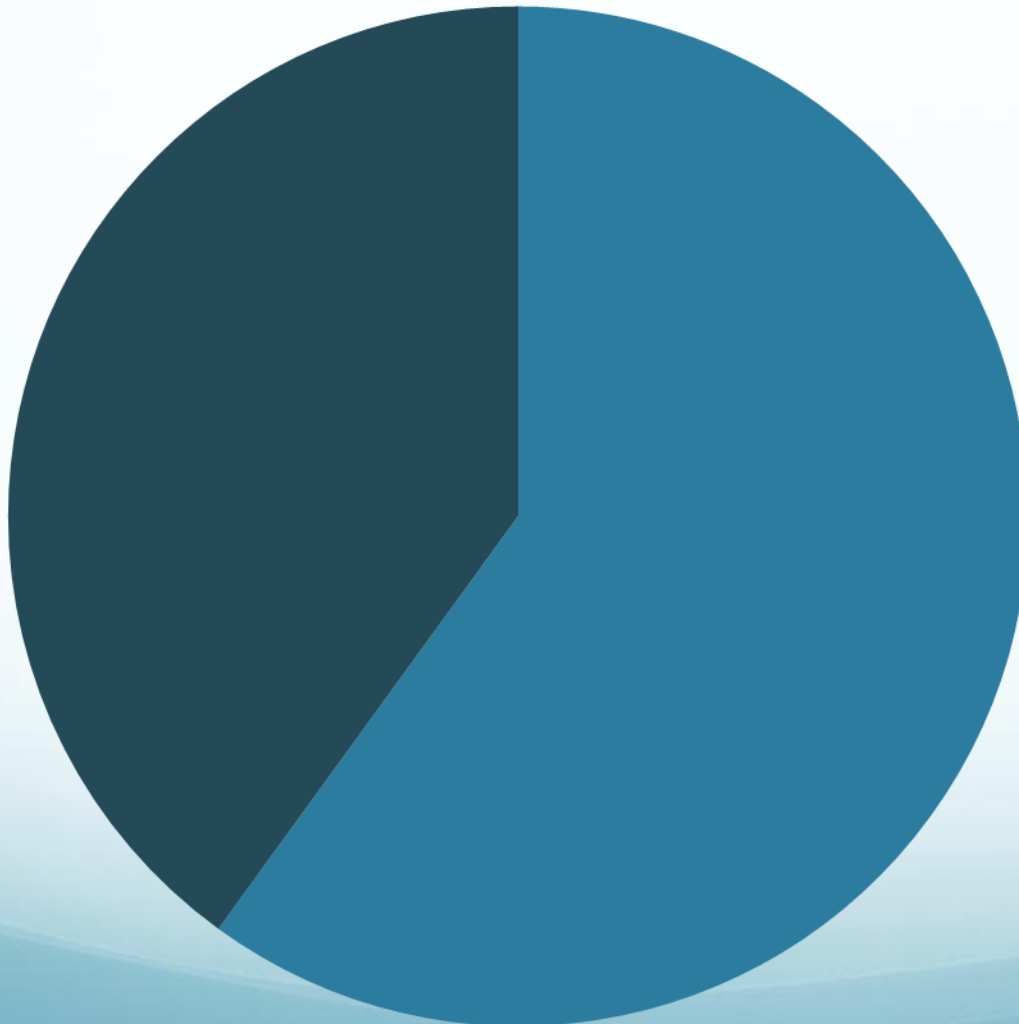
# Economic Means of Care Recipients

- **75%** have Medisave accounts
- **2%** have private insurance policies
- **62%** have no formal education



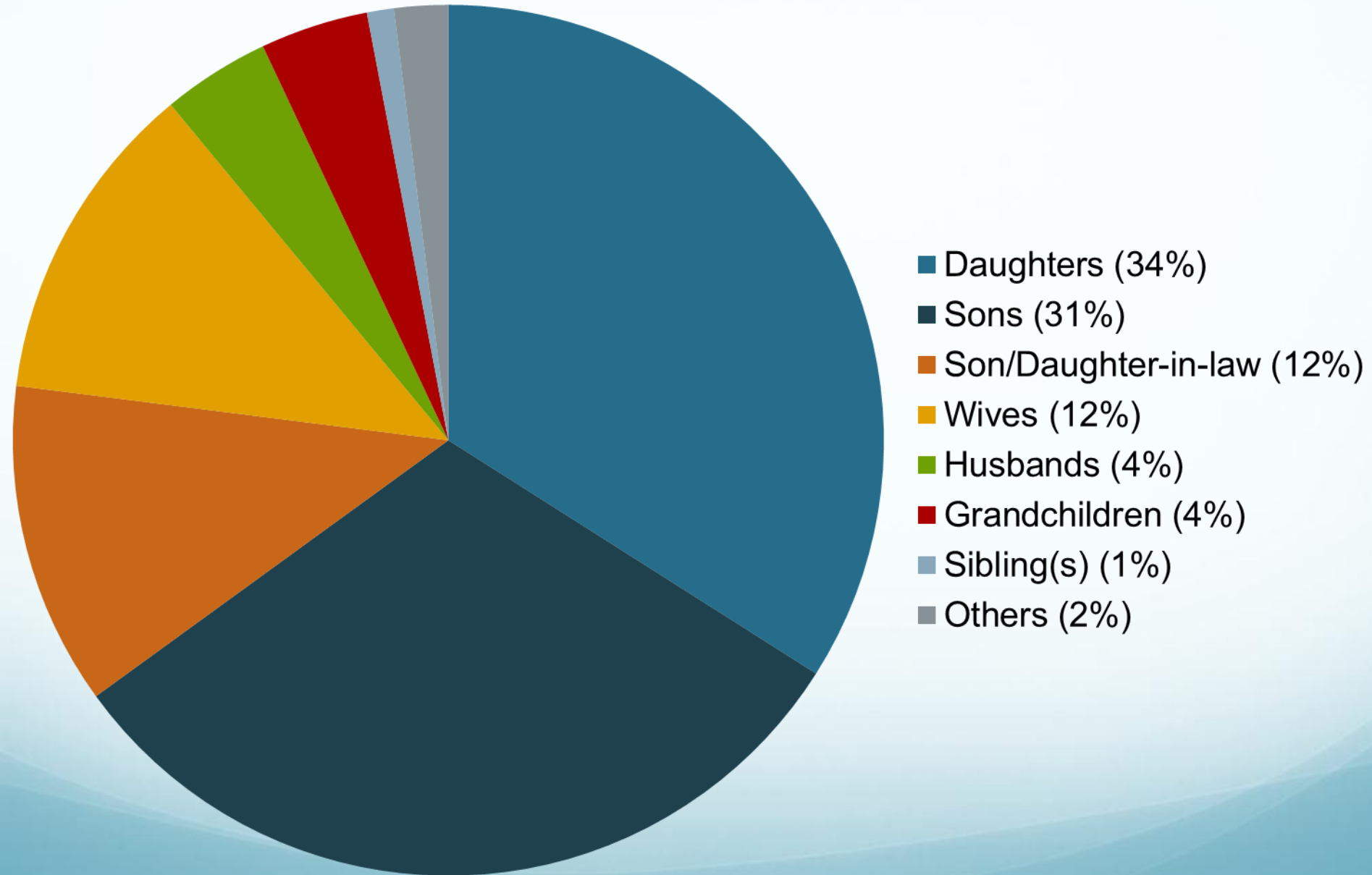
# Who provides care?

## Gender of Caregivers

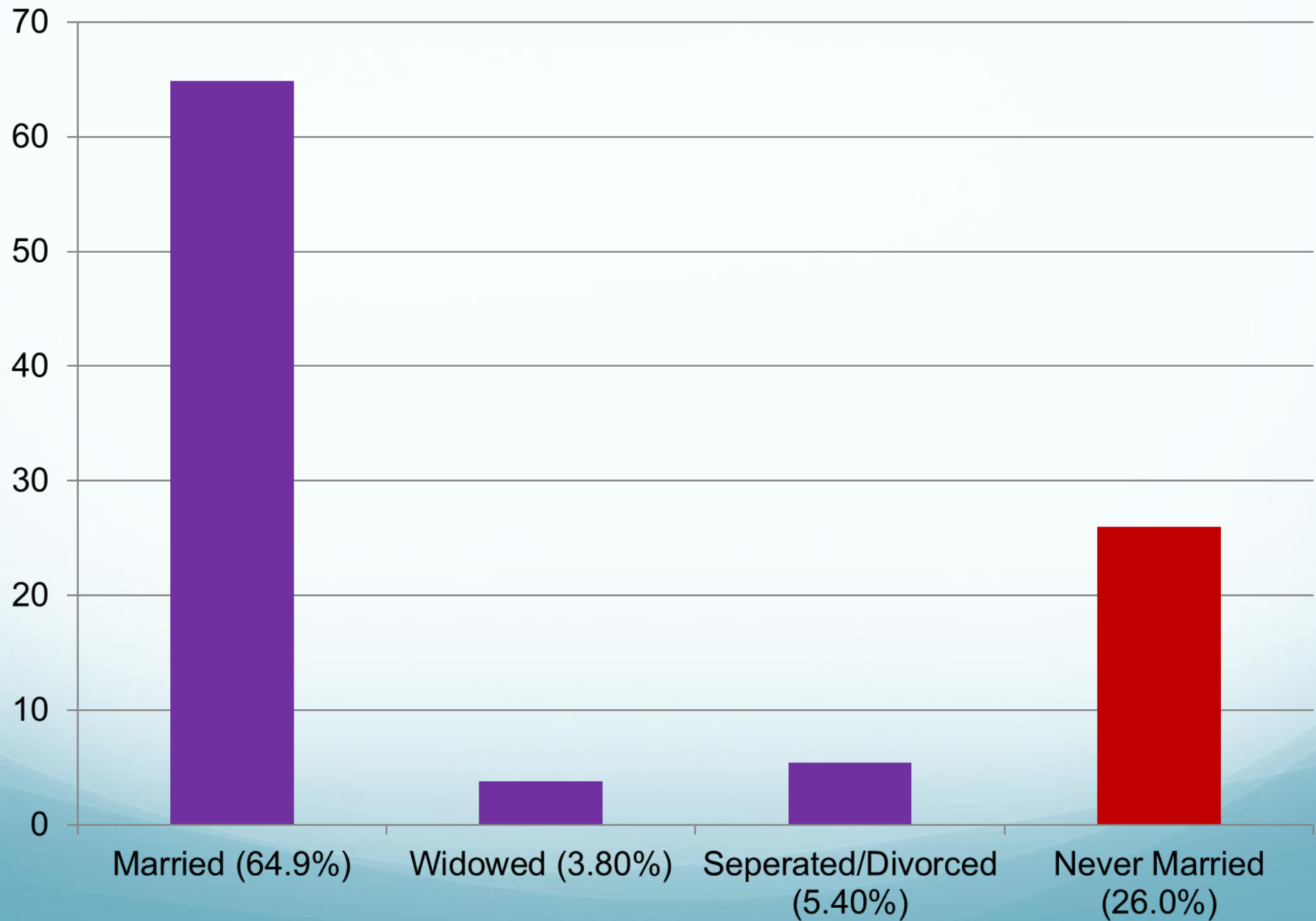


- Female (60%)
- Male (40%)

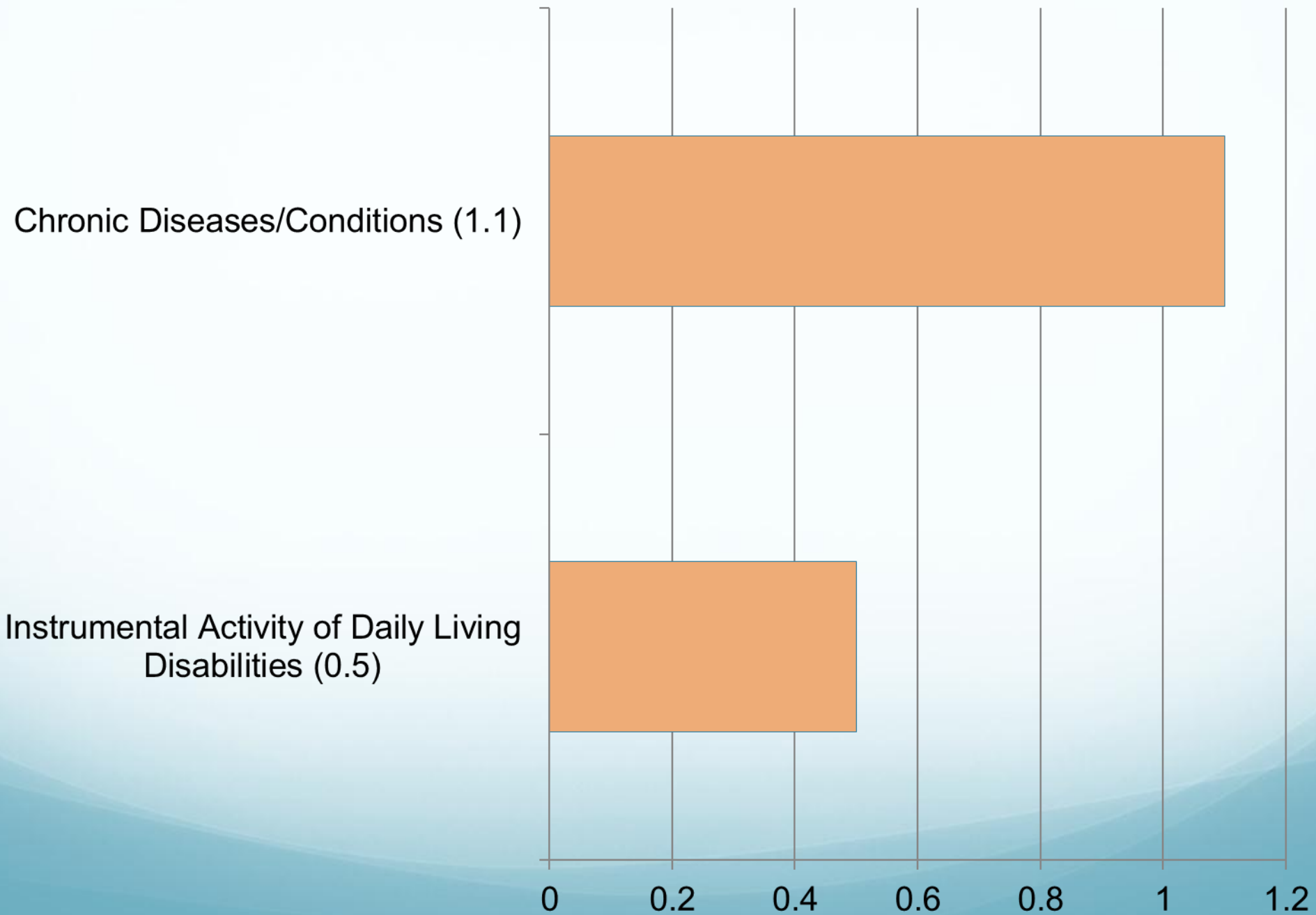
# Caregiver Relationship to Care Recipient



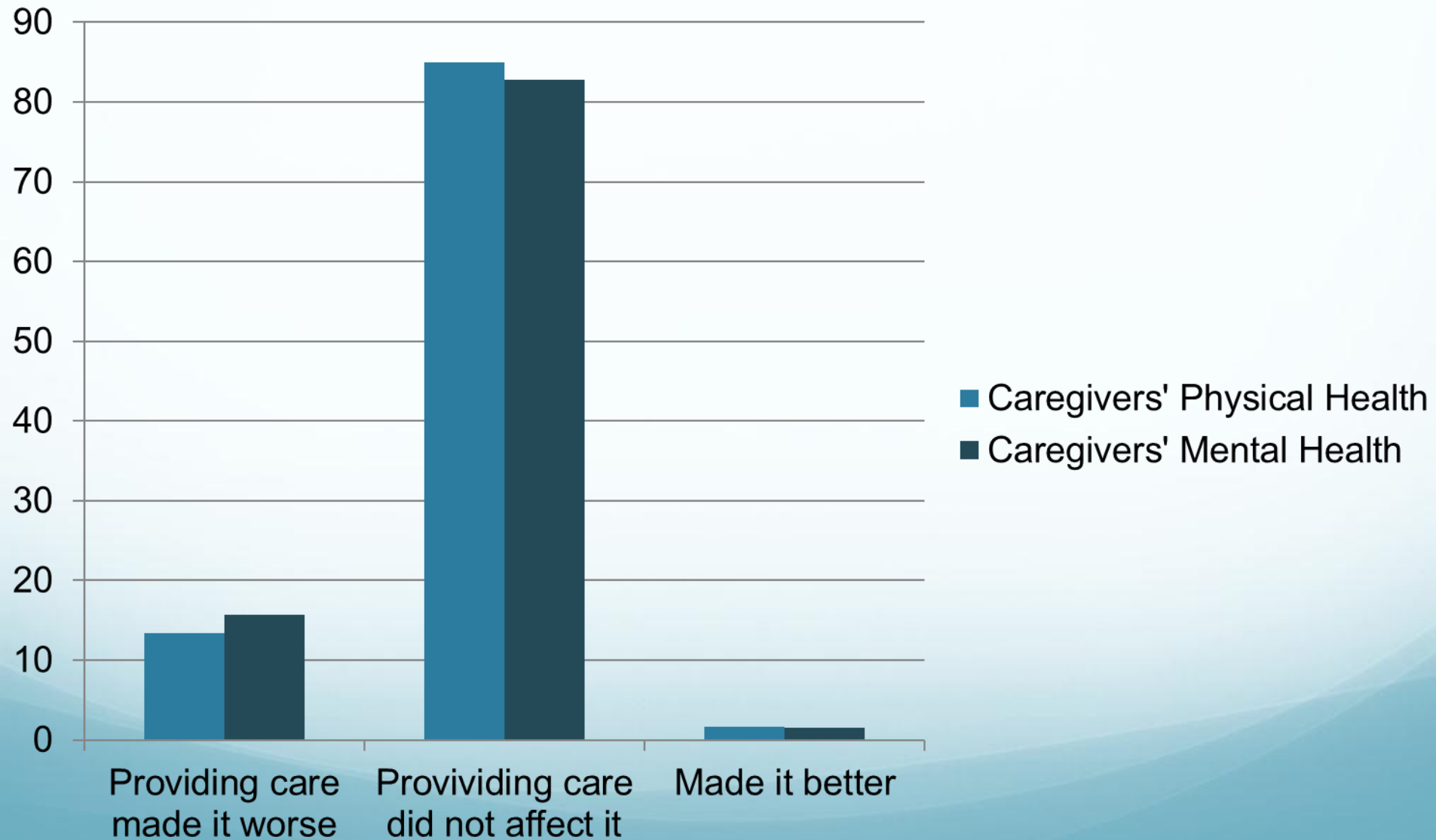
# Caregivers' Marital Status (%)



# Caregivers' Health (mean)



# Caregivers' Health



# Economic Means of Caregivers

- Working full-time/part-time **55.6%**
- Persons living in Caregivers' household (mean) **4.5**
- Hours per week Caregivers spend providing/ensuring the provision of care (mean) **38.1**

# Foreign Domestic Workers (FDW's) and Care

- FDW's hired for elder care **49%**
- FDW's *with* experience/formal training in elder care **45%**
- Rates of formal service utilization **0.3% to 5%**
- Care Recipients who report communication problems with FDW's

# Defining Caregiver Burden

- *Caregiver Reaction Assessment Scale*
  - Answers of **1** to **5** with:
    - 1** = Least negative impact on caregiver
    - 5** = Most negative impact on caregiver



# Caregiver Burden

Lack of family support (2.1 [mean])



Financial Impact (2.7 [mean])



Impact on schedule and health (2.6 [mean])



# Predictors of Stress Among Caregivers of Older Singaporeans: Findings from the Informal Care Survey

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# Background

- Introduction:

- Hypothesis: Caregiving leads to higher levels of self-reported stress
- Certain characteristics of the CGs, CRs and the caregiving experience may be protective against caregiver stress
- Predictors of stress may also vary by the relationship of the CG with the CR (spouse or adult child)

- Objectives:

- To identify the predictors of stress among informal CGs of older adults with ADL limitations and whether these predictors vary by CGs' relationship with the CRs

# Methods

- Measures:
  - Dependent variable: CG stress
  - Independent variables (CG characteristics):  
Demographics, caregiving hours, Caregiver Reaction Assessment items, perceived social support scale items, no. of chronic diseases, work status, help from a FDW
  - Independent variables (CR characteristics):  
Demographics, ADL limitations, Revised Behavior and Memory Checklist items
  - Statistical Analysis : Ordinary least squares regression model

# Key Findings

Lower stress amongst CGs :

- Of higher SES (bungalow/semi-detached/terrace house)
- With higher self-esteem from caregiving
- Who are older

Higher stress amongst CGs:

- Who are working
- Facing disrupted schedule and health problems due to caregiving
- With more financial problems due to caregiving
- With more chronic conditions
- With CRs who are more depressed

# KEY FINDINGS (2)

Among working CGs:

- Adult child caregivers have higher stress compared to spousal caregivers

Among non-working CGs:

- No difference in stress scores of adult child and spousal caregivers

**PREDICTORS OF DEPRESSIVE  
SYMPTOMS IN INFORMAL  
CAREGIVERS OF OLDER COMMUNITY-  
DWELLING SINGAPOREANS**

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# Background

## Introduction:

- Past studies have found the association between informal caregiving and depression amongst CGs
- Understanding the reasons why caregiving is related to depression would allow us to assess the usefulness of strategies for alleviating depression among caregivers

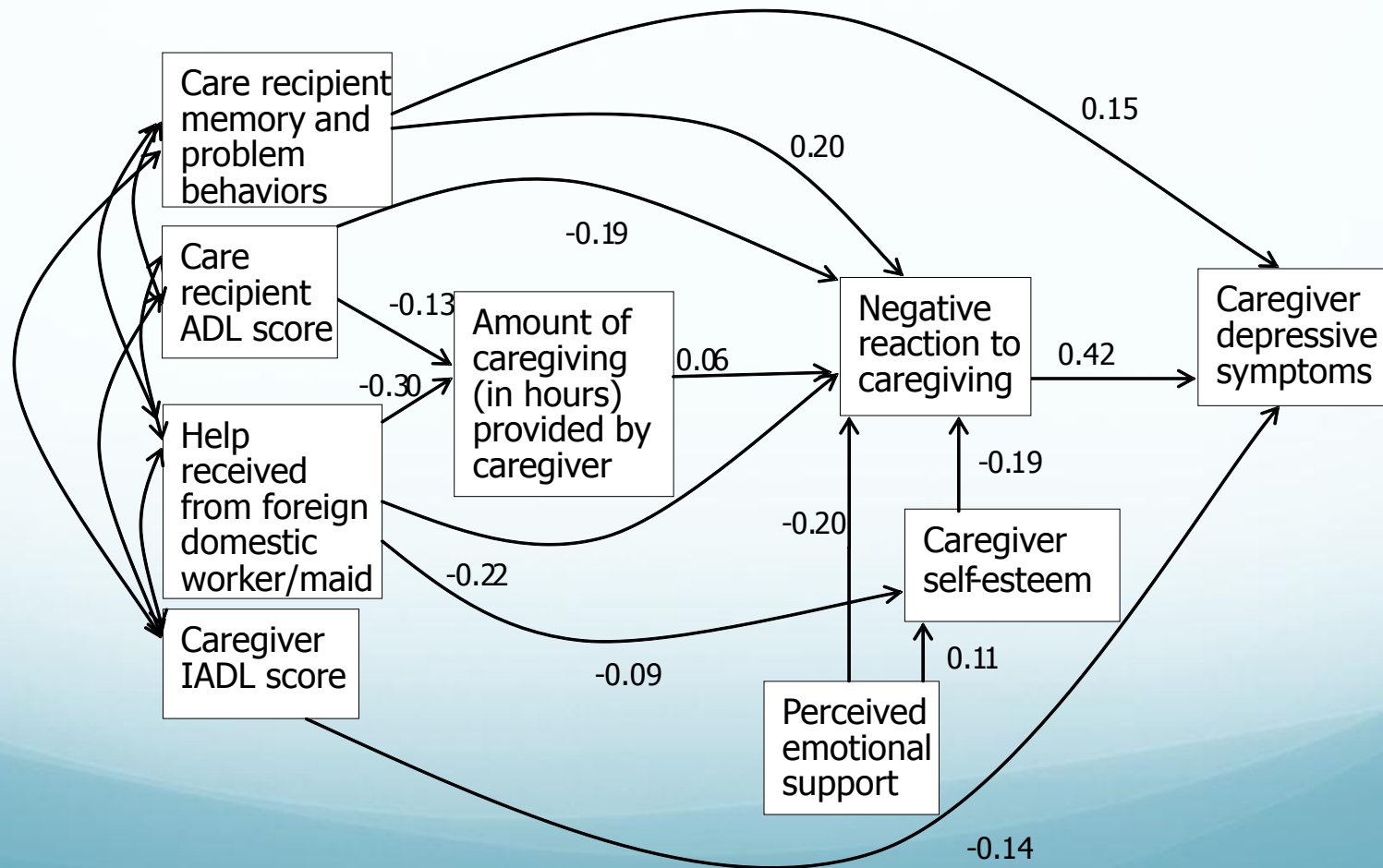
Objective: Examine the CR and CG characteristics and caregiving dimensions associated with depression

## Methods:

- Path analysis using structural equations modeling (SEM)
  - SEM accounts for multiple factors in a way that restricts the number of tested relationships based on an underlying conceptual model



# Revised Caregiving Model for Overall Sample (N= 1190)



# Results

- Key relationship: Negative reaction to caregiving → more CG depressive symptoms
- Weaker association between caregiving hours and negative reaction to caregiving than hypothesized
- Less negative reaction to caregiving when there is:
  - Help from FDW
  - Greater emotional support from family and friends
  - More positive caregiver self-esteem
- CRs' memory and behavioral problems leads to more negative reaction to caregiving amongst CGs

# Overall Conclusions (1)

- Caregivers are predominantly female
- Use of FDW to help care for frail elderly is the predominant strategy Singaporean families use to provide care
- > 50% of FDWs do not have experience/formal training in caring for elderly

# Overall conclusions (2)

- Increased caregiver depression and stress are a result of:
  - Working
  - Younger ages
  - Negative reactions to caregiving
  - Number of caregiver hours
  - Low caregiver self esteem
  - Low SES
  - Being a spouse caregiver
  - Presence of memory and behavior problems
  - Absence of a FDW

# Policy Implications

- Respite services may alleviate negative attitudes towards caregiving
- Mandatory training for maids to equip them with the knowledge and skills required to care for older persons may enhance the quality of care provided
- Employed caregivers face demands on their time: Partnering with employers to ensure the ability of CGs to facilitate time-off in order to bring their CRs for medical appointments
- Utilization rates of formal care services very low: More research should be done to understand ways to improve uptake

# Policy Implications

- Caregiver support groups may be helpful for caregivers. However, these services are not commonly used. The services should be reviewed so as to improve the take-up rate of the services and also to be able to better support the caregivers in future.
- Many caregivers are also reporting that they have chronic diseases: Health promotion and disease management for caregivers are priorities.
- Low SES caregivers need more assistance in dealing with the financial aspects of caregiver burden.
- The use of telemedicine such as caregiver access to online general practitioners and pharmacists may aid in alleviating caregiver burden.