

Family Well-Being in the Context of Sandwich Generation Care: A Qualitative Study in Malaysia

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Abstract

This study examines the experiences of simultaneous caregiving for two generations among sandwich generation caregivers in Malaysia, encompassing individuals responsible for caring for both elderly parents and children. Utilizing a qualitative approach through semi-structured interviews, the study involved 30 informants, comprising both male and female caregivers in Bangi, Selangor. The findings indicate that social changes have transformed the traditional family structure into a nuclear family, where caregiving responsibilities are increasingly borne by the children especially to women. Three types of caregiving histories were identified such as voluntary, forced and coincidental. Additionally, issues related to health, economics, individual and family well-being were discussed. Its highlighting the challenges caregivers often face in meeting the needs of both generations. The results of this study provide important implications for social workers in planning more effective and sensitive interventions that address the diverse needs of the community.

Keywords: Sandwich Generation, Caregiving, Family Well-Being

Introduction

Traditionally, Malaysian society has a broad family structure, where a family includes parents, children, grandparents, and relatives living nearby or on the same piece of land. However, social changes over time have transformed this family structure into a nuclear family. Families now play various roles, particularly in providing continuous care and protection to family members. Most families in Malaysia still adhere to the norm that children are responsible for caring for their elderly parents (Alavi et al., 2015). In the context of Eastern societies, when a family has many members, adult children are expected to take on the responsibility of caring for aging parents (Herring, 2016). Social changes in this era have significantly altered lifestyles and human cycles. According to Fatimah (2016), the functions of families are now seen as more challenging due to the erosion of moral values in society, caused by urbanization and modernization, which has limited family functions. Some families are unable to meet expectations regarding these functions, and local studies report that most family caregivers

responsible for caring for physically and mentally disabled family members lack sufficient knowledge in accessing services and social support (Ahmad et al., 2018; Mohamad et al., 2011).

The tradition where parents act as caregivers for their children has now changed, with children taking over the caregiving roles within the family. According to Kumagai (2017), the increase in family caregiving issues is a global phenomenon, driven by demographic changes from the "baby boom" to the "senior boom." The increase in life expectancy for those aged 60 and above, in line with advancements in health and medical technology, also exposes them to chronic illnesses. This phenomenon occurs worldwide, including in Asia and Malaysia. According to statistics from the Department of Statistics Malaysia (2018), the aging rate has more than doubled from 1970 to 2020, increasing from 5.4% to 11.1%, and is expected to reach 19.8% by 2040, while the crude birth rate (CBR) has decreased from 30.6 in 1980 to 15.5 in 2018. The differences in aging and fertility rates have begun to be debated by researchers in the field of family studies, indicating a direct impact on changes in family structure. One effect of this change is the emergence of families with three generations living under one roof, known as the "sandwich generation." Individuals aged between 40 and 55 are often seen as the primary caregivers in a family (Aazami, Shamsuddin, & Akmal, 2018; Noor & Isa, 2020; Smith-Osborne & Felderhoff, 2014). Most literature in Western countries finds that the sandwich generation is trapped in caregiving responsibilities, where they must care for elderly parents while simultaneously raising children living with them.

In Malaysia, most women are associated with being the primary caregivers in families that fall within the sandwich generation (Ahmad & Abdullah, 2013). Studies show a relationship between gender roles and informal caregiving, where women are more frequently involved in intensive caregiving for parents or partners. Women often face conflicts when engaged in daily caregiving activities at home, but they are also seen as more committed than men. Conversely, men tend to face more challenges in providing emotional support, with most offering financial assistance to resolve health and legal issues for family members (Sarnon et al., 2014). Additionally, men also provide physical assistance such as transportation, home repairs, and purchasing essential supplies for the family. According to Jawahir et al. (2021), sons often bear the responsibility of caring for parents, but more than 55% of caregiving tasks are delegated to their wives. Furthermore, for low-intensity caregiving, females, those aged 35–59 years, and those with long-term conditions are more likely to experience negative effects on their health.

Various caregiving issues have been raised in previous studies regarding the sandwich generation experiencing a "midlife crisis." Most sandwich generation caregivers are adults transitioning from early adulthood (ages 20 to 30) to middle adulthood (ages 30 to 40) and then to late adulthood (ages 40 to 60). In late adulthood, they often face issues related to work, relationships with partners, the maturation of children, aging parents, and physical changes due to aging (Bremmers et al., 2022). The caregiving issues faced by the sandwich generation are often associated with conflicts experienced both within and outside the family system. They encounter internal conflicts when faced with challenges in providing care and meeting the demands and expectations of family members. Additionally, external conflicts arise when they confront environmental factors that affect family well-being, such as economic conditions, health, and social support (Sarnon et al., 2014). For sandwich

generation families living in rural areas, the issue of caring for elderly parents is not new, as the culture of caring for aging parents has been established for a long time in our society and is linked to the concept of responsibility. However, the situation is different for sandwich generation families living in urban areas, where they experience greater stress due to time and space constraints in their busy careers, which are deemed essential for meeting family economic demands. As a result, some of them neglect the needs of elderly parents and children left at home.

Although this issue has been extensively studied in developed countries, attention to it in developing countries like Malaysia remains limited. The dual role of sandwich generation caregivers is also still unclear, especially when caregiving responsibilities are linked to gender. Both men and women are now involved in formal employment while simultaneously being responsible for caring for family members. The caregiving experiences of both female and male caregivers in fulfilling informal caregiving responsibilities for children and elderly parents simultaneously within the context of local culture have yet to be explored. This situation becomes more complicated when caregiving responsibilities are undertaken by married sandwich generation caregivers, which also involves their partners. The involvement of third parties, such as domestic helpers and siblings, also requires an understanding of gender differences in task division, resource sharing, and power distribution. This leads sandwich generation caregivers to often become entangled in role conflicts, resulting in negative caregiving experiences due to a lack of support resources within the family and community.

To date, there are still no studies that describe the scenario of the sandwich generation in Malaysia or in the Asian region, even though this phenomenon has long existed. Most data regarding the sandwich generation, both abroad and domestically, are more generic and do not specifically address the influence of local culture, which is an important element in the social development of society. Therefore, this article aims to examine and analyse the background and experiences of simultaneous caregiving for two generations among sandwich generation caregivers in Malaysia.

Methodology

Research Design

This study employs a research approach targeting individuals in the sandwich generation caregiving situation, where they simultaneously care for both elderly parents and children. Informants were interviewed using a semi-structured interview method. A grounded theory approach was utilized to understand the phenomenon from the informants' perspectives. Yin (2009) states that qualitative approaches are suitable for researching individuals, families, communities, or cultures. The interview method was used to obtain information directly from informants, which helps reduce the likelihood of inaccurate information. Face-to-face interviews facilitate a comfortable atmosphere for the informants.

Study Location

This study was conducted in the Bangi area of Selangor. The selection of this location was based on the suitability of the population to provide the necessary information and data for the study.

Sample and Population

The study sample was selected through purposive sampling based on the following selection criteria: (1) employed individuals, (2) those with dependent children, (3) those caring for parents, (4) individuals belonging to the sandwich generation, (5) both males and females, and (6) aged between 25 and 60 years. There were no specific restrictions regarding family background, religion, gender, education level, or ethnicity.

Research Procedure

The research procedure involved essential communication skills in interviewing informants, where building rapport with informants is key to obtaining accurate information. The process was conducted in an orderly and systematic manner, including the preparation of consent letters and study proposals for informants in the Bangi area, Selangor, and contacting them to ensure their willingness to participate, as well as reminding informants a day before the interview and ensuring that recording devices were functioning. The results of the interviews were documented and recorded for data analysis, and informants were also asked to be prepared for follow-up interviews if necessary. All interview sessions were recorded and the data obtained were transcribed into verbatim for thematic analysis.

Data Analysis

Thematic analysis within the grounded theory approach involves a coding process to describe and organize information. This process consists of three stages: open coding, axial coding and selective coding. In the open coding stage, the process of identifying, naming, and categorizing interview results into smaller themes based on common characteristics is conducted. In the axial coding stage, restructuring is performed, and small themes are linked to determine the types of categories and relationships between categories. In the selective coding stage, the main categories are selected, and other categories are connected to achieve a robust overarching theme. Finally, the findings collected from the interviews are analysed narratively through a transcription process that involves converting audio data into verbatim form and thematic analysis to identify subthemes and form the main themes.

Research Findings

Profile of Informants

The profile of the informants indicates that there were 30 participants, with 15 being male caregivers and the remaining 15 being female caregivers, as shown in Table 1. Most informants were aged between 30 and 40 years. In terms of ethnicity, nearly all informants were Malay, with one being Chinese and another Indian. On average, informants had an income exceeding RM3,000, while 30 percent had a moderate income ranging from RM1,000 to RM2,000. Additionally, 17 percent of informants were below the poverty line with incomes under RM1,000.

Table 1

Social Demographic's Background of Informants

No. of Informant	Age (year)	Gender	Education	Occupation	Monthly Income (RM)
1	32	Male	Diploma	Technician	2001-3000
2	52	Male	Certificate	Self-employed	4001-5000
3	27	Male	Certificate	Government	1001-2000
4	31	Male	Secondary	General Assistant	3001-4000
5	28	Male	Certificate	Agency Ramp Student	1001-2000
6	40	Female	Secondary	Management Assistant	1001-2000
7	31	Male	Diploma	Enforcement Officer	2001-3000
8	32	Male	Secondary	Self-employed	0-1000
9	31	Male	Certificate	Technician	1001-2000
10	32	Female	Secondary	Assistant	0-1000
11	32	Female	SPM	Administrative Assistant	2001-3000
12	56	Male	SPM	Library Assistant	2001-3000
13	54	Female	SPM	Dorm Supervisor	2001-3000
14	31	Female	SPM	Administrative Assistant	1001-2000
15	44	Male	STPM	Self-employed	3001-4000
16	56	Female	Primary School	Cleaner	0-1000
17	32	Female	Certificate	Administrative Assistant	2001-3000
18	45	Female	SPM	Dorm Supervisor	1001-2000
19	53	Female	Secondary	Academic Management Division Chief	2001-3000
20	51	Male	SPM	Administrative Assistant	2001-3000
21	49	Male	PhD	Lecturer	5000 and above
22	36	Female	Degree	Teacher	4001-5000
23	40	Female	SPM	Project Admin	2001-3000
24	25	Female	Degree	Accountant	1001-2000
25	54	Female	Secondary	Cleaner	1001-2000
26	31	Female	Secondary	Factory Operator	0-1000
27	32	Male	Diploma	Self-employed	5000 and above
28	44	Male	Secondary	Self-employed (School Bus)	1001-2000
29	50	Male	Secondary	Self-employed (Business)	0-1000
30	53	Female	Secondary	Senior Financial Administrative Assistant	3001-4000

Caregiving Histories of the Sandwich Generation

This report identifies three types of caregiving histories among the sandwich generation such as voluntary caregiving history, forced caregiving history and coincidental caregiving history.

Voluntary Caregiving History

In this theme, Informant 12 indicated that they took over the care of their parents voluntarily since their parents were living alone in the village. For example:

“...there was no one at home, living alone, right? Instead of them being alone, it’s better for them to stay with us. Previously, they lived in the village and were healthy. There wasn’t much to worry about. After I gave birth to my first child, I rarely went back, so it’s better for them to stay with us...” (Informant 12)

Coincidental Caregiving History

Additionally, some informants stated that they decided to care for their elderly parents coincidentally due to certain circumstances. A clear explanation can be referenced as follows:

“...we don’t really need the helper’s assistance. Because we can manage on our own. We can bathe ourselves. Moreover, the salary for helpers is high now, so it’s better for us to take care of them ourselves. We save the expenses for them, and they can use their money for themselves.” (Informant 19)

Forced Caregiving History

In contrast, another informant mentioned that they had previously cared for a deceased parent (father) and are now caring for their living parent (mother):

“...besides taking care of my biological mother, there are no other elderly people. When my late father was alive...” (Informant 28)

Health Aspects

In the health subtheme, some informants indicated that health issues of the elderly can disrupt various aspects such as work, family planning, time, and so on. Consequently, an individual's daily activities are also affected. Here is a specific example:

“...if their health becomes problematic, then that (problem) will become a problem for us... no matter how busy we are, if they are sick like that, everything will be disrupted. We cannot leave them. We must take them to the clinic or hospital. They used to be hospitalized and had to go back and forth from the hospital...” (Informant 20)

Knowledge of Medication

In the medication knowledge subtheme, one informant expressed their understanding of the medications taken by the elderly. This is illustrated as follows:

“...I don’t know. But they have informed me...” (Informant 15)

“...They usually take medication from the government clinic. They have high blood pressure and diabetes. That’s from the government. There are no charges. Everything is provided. No, no, there are no charges at all. They, they, they... We are even afraid to give them other food supplements because we are worried about the effects. The doctor said to take the medication...” (Informant 12)

Child Illness

Next is the information regarding illnesses experienced by either the children or the caregivers. Some informants mentioned that they cannot sleep well due to the need to care for a child with a medical condition (diabetes). A clear description can be referenced as follows:

“...that’s why I feel sorry for my wife, because she must wake up at night to give injections to our child. So, my wife doesn’t get enough sleep. This is all a sacrifice we must make...” (Informant 15)

“...When he was in Form 2, he had a cyst. His ovary had some kind of growth. But it wasn’t like a solid growth, just fluid. He was hospitalized for three days. I took care of him during that time. The second one sometimes has asthma. He also needs to go to the doctor every six months or once a year...” (Informant 18)

Economic Aspects

This study found that the caregiving burden experienced by the sandwich generation is primarily economic. Some informants reported having no financial issues because they have additional income from side jobs. This is illustrated by the following situation:

“...economically, I feel very fortunate. I used to work in the private sector, so I was at the managerial level. I bought a house in Putrajaya in cash. There are no economic problems. We have two sources of income. If I compare my income in KL to the private sector, it’s a bit less. That’s why I have a side income...” (Informant 21)

Additionally, the caregiving experiences of informants vary. There are also caregivers who face economic difficulties in supporting their family's expenses due to low income. This situation is reflected in the following statements from informants:

“...based on my salary, it’s not enough, right? My children are still in school...” (Informant 18)

“Whether it’s enough or not depends on the situation. But what can we do? We work like this; where else can we find more? It’s still not enough; how can it be enough?” (Informant 16)

Individual Well-Being*Self-Esteem*

Most informants interviewed expressed their views on caregiving. This theme frequently emerged in the analysed findings, showing that informants expressed their personal values in every caregiving task they performed. Several informants exhibited high self-esteem, as they had a friendly personality when interacting with children and the elderly, allowing them to pay attention to the needs of the elderly. This is illustrated by the following statement:

“...I am a simple person. I have no issues with the elderly. I understand their needs. Perhaps it’s because I am more considerate about their behaviour, which has been the same for many years... if we look at it from the perspective of our role-playing, when

dealing with the elderly, they deserve our respect, and we must... especially with children... even though they want to gain respect, we also need to guide them, and sometimes the hierarchy of status requires us to set an example, that's the role-playing..." (Informant 21)

Religious Beliefs

Most informants are Muslim and of Malay ethnicity. Therefore, they believe in the rewards given by Allah for caring for the elderly, which compels them to fulfil their duties as children, even amidst challenges in caregiving. For example:

"...actually, our religion has made it beautiful... the problem is that everyone doesn't want to follow... if everyone followed the rules... it doesn't matter if you don't have money... surely you have the strength to help... that's what I said earlier... if anyone wants to earn rewards... they should do it quickly..." (Informant 23)

Appreciation

Some informants feel a sense of appreciation for the elderly, even if their status is merely that of a son-in-law; they still feel a responsibility to care for the elderly. For example:

"...So, we must appreciate them... even if they are not our own parents. It feels like our own home. Because our own mother is far away, we treat her like our own mother. Their feelings must be taken care of. The elderly are sensitive, so we must be careful not to hurt their feelings... always be attentive... don't act like you don't know... and always respect each other..." (Informant 24)

Responsibility

Most informants have a strong sense of responsibility as children to care for their elderly parents, and they philosophically state that parents are the reason they exist in this world. Here is an example:

"...So, to explain why, it's really a matter of responsibility, because without our parents, we wouldn't be here. We also must think about that for the future; if we don't have that sense of responsibility, what will happen when it's our children's turn?" (Informant 22)

Happiness

Some informants have a positive mindset and feelings towards caring for the elderly. They also express how important the presence of the elderly is in their lives. Informants feel happy and content with their elderly parents' presence. The following statements illustrate this:

"...because we can always see our mother's face. So, we feel that in the morning we can see our mother, and when we come home, we must look for her. We feel happy because we can make our mother happy. Because when she's gone, we can't find her anymore and call her mother..." (Informant 19)

"...I feel happier. Because, for me, for example, when my mother was gone, I felt

lonely. So now, when my mother is here, my mother-in-law is like our mother..." (Informant 12)

Caregiver Capability

Some informants acknowledge that they will try their best in caring for the elderly and attempt to avoid outside assistance as much as possible. Here are the explanations provided by the informants:

"...if I'm still strong, it's okay, I can manage. I remember when she had to wear diapers. I said, I'm working now, I'll try my best. But thank God." (Informant 13)

"...I will try my best to take care of her; it's not like I want to ask for help from others. I will try to handle it myself..." (Informant 18)

"...if you have internal problems, problems at home, you settle it internally. Don't go telling everyone. Because some people are not genuine; not everyone wants to help, sometimes it can damage your relationships..." (Informant 15)

Family Well-Being

In this article, there are factors related to family well-being in the context of sandwich generation caregiving. Family well-being serves as a lens to examine the various forms of family caregiving. The family well-being theme includes 12 subthemes as below:

Diversity of Caregiving

Sandwich generation caregiving indeed requires a variety of tasks and roles from both caregivers, family members, and siblings or relatives. Some caregivers require assistance from siblings or children to help with caregiving on a rotating basis. The details are as follows:

"...sometimes we take turns with other siblings. There are times when mom also goes to the homes of other siblings..." (Informant 1)

"...we take turns to care. The sibling who lives in the village takes care for two days and then returns. Then my youngest child, who is in Form 5, takes turns to care. On weekends, my sibling cares, and sometimes I do. Another grandchild is in Serdang. We rotate every month..." (Informant 13)

Challenges of Caregiving for the Elderly

This section will explain the challenges faced by caregivers. Caregivers encounter difficulties when caring for the elderly, especially if the elderly experience illness and frequent health issues. One informant stated that caring for the elderly becomes more challenging as their health declines. The situation is as follows:

"...it's quite challenging, because they are elderly. They are often sick..." (Informant 1)

"...because her father-in-law is suffering from something... he has high blood pressure, his legs are swollen. But he enjoys walking around, loves riding his motorcycle, he can't sit still. Even though he's not well, it's sad to see his swollen legs..." (Informant 14)

Challenges of Caregiving for Children

Next is the report regarding caregivers' perceptions of children, focusing on their behaviours and actions during caregiving. Some informants expressed that caring for children presents its own challenges due to their young age. This situation can be explained as follows:

"...it's the children. They don't understand anything yet. They climb here and there; everything must be hung up. For me, caring for the elderly isn't as challenging as caring for children. What's important is that we understand our responsibilities as children. Mom understands us too..." (Informant 1)

"...it's the children because they are still very young. Their behaviour is typical for little kids. Mom is okay with it. One child is about 3 years old, and the other is just one year old; they are very active. It requires a lot of patience because sometimes they do things we've already forbidden, but they do it anyway..." (Informant 5)

Forms of Caregiving

In the report on forms of caregiving, caregivers will describe the caregiving styles they employ for the elderly. Sandwich caregivers have their own methods for fulfilling their caregiving responsibilities. Among these is the way they communicate with the elderly in a gentle manner to avoid hurting their feelings. For example:

"...the method is this. With the elderly, we must speak nicely, but with children, we just go along with them. Because they don't understand us, so we just accommodate them. We follow their behaviour..." (Informant 4)

Physical Caregiving

Physical caregiving is a primary need that must be provided to both children and parents simultaneously, involving cooperation between male and female caregivers. Male caregivers are often involved in practical tasks such as transportation and providing economic resources, while female caregivers focus more on meeting daily household needs. For example, one informant stated,

"Yeah, I will take my mom to the clinic. If I don't have time because I work shifts, I'll call my sister for help." (Informant 1)

This demonstrates the caregiver's responsibility in ensuring that the elderly receive the necessary treatment.

Emotional Caregiving

Emotional caregiving involves feelings of joy, sorrow, anger, and love, as well as the ability to manage stress in life. Caregivers often face emotional challenges when providing care to family members, especially those in chronic conditions. For example, one informant said,

"When I see her lost in thought, I ask her what's wrong. She says she wants to go home; she feels like someone is about to pass away, so we immediately take her back." (Informant 2)

This shows how caregivers strive to understand and support the emotions of their elderly through communication and affectionate touch.

Roles in Caregiving

Previous studies have indicated that caregiving roles are not solely confined to women; men are also seen to assist their wives in fulfilling caregiving responsibilities. In this section on caregiving roles, most informants have a balanced caregiving role between husband and wife, but the provision of facilities and necessities within the family tends to be more focused on women in meeting daily family needs. Some female caregivers stated that they provide the necessities and facilities for caregiving themselves. For example:

“...I provide all the facilities, whatever she needs, medicine, milk... everything... necessities, clothing... I provide for the elderly and my children...” (Informant 22)

Family Relationships

From the perspective of family relationships, the presence of children in the home brings significant changes to caregiving, as the elderly feel happy when they are with the children. This can be illustrated as follows:

“...my children are still very young; they are happy playing with their grandmother. They come and sit, and they are just happy...” (Informant 13)

Concept of Cooperation

In family relationships, cooperation among family members or siblings of caregivers is essential to ensure that the caregivers' needs are met. The concept of cooperation refers to the assistance and support provided to one another to facilitate the tasks of sandwich generation caregiving. For example, one informant explained,

“...we create a pyramid system... everyone helps each other... your aunt takes care of the grandchildren and other children... she informs if she doesn't cook, so when your uncle comes back, he will cook...” (Informant 2)

This illustrates how the concept of cooperation can aid in easing caregiving tasks and ensuring that caregivers' needs are met.

Family Assimilation

Cultural and traditional mixing within a family is an important factor in family well-being. Marriages between individuals from different states create cultural differences in caregiving management. Some caregivers have stated that cultural differences sometimes lead to misunderstandings regarding caregiving styles. For example, an informant from Negeri Sembilan explained,

“People from Negeri Sembilan are known for speaking loudly. If someone from the state speaks like this uncle, it's normal. We all come from a lineage of 'loudspeakers' but it's not anger.” (Informant 2)

This shows that cultural differences do not hinder family relationships; rather, they enrich interactions within the family.

Acceptance

Acceptance of partners and family members is crucial for well-being in sandwich generation caregiving. Some of the informants showed a positive reaction towards acceptance in caring for the elderly. For example,

"Accept it. Whether you like it or not, she has married me. So, she must accept my family." (informant 4)

This positive acceptance helps in meeting the needs of children and the elderly.

Limitations of Caregiving

Most caregivers who care for two generations simultaneously often face time constraints in providing basic needs. For example, an informant who is an outstanding teacher stated,

"It's not that I don't have time to care for my children... I'm an outstanding teacher... it's difficult to go out for talks; if we don't have help at home, it's challenging to transport my children from morning to place to place." (Informant 22)

This situation explains how career responsibilities and caregiving often clash, leading to conflicts in daily life.

Discussion

This study discusses various aspects related to sandwich generation caregiving, including family assimilation, acceptance, and caregiving limitations, all of which have significant implications in the context of the care economy in Malaysia. In terms of family assimilation, cultural mixing within families plays an important role in family well-being. Marriages between individuals from different states create cultural differences that influence how caregiving is conducted. This aligns with the views expressed by Alavi (2015), who emphasize that cultural differences can enrich family interactions and influence caregiving practices. In the context of the care economy, understanding these cultural differences is crucial for social workers to design more effective and sensitive interventions that address the diverse needs of the community.

In terms of acceptance, partners and family members are also important factors in ensuring well-being in sandwich generation caregiving. Positive acceptance helps meet the needs of both children and the elderly, indicating that emotional support within the family is essential for alleviating caregiving burdens (Nawi et al., 2019). In the care economy sector, this acceptance can influence the effectiveness of support programs designed by social workers, who need to consider the dynamics of family relationships when planning interventions. However, caregiving limitations pose a major challenge for caregivers who are responsible for two generations simultaneously. Most caregivers face time constraints in providing basic needs. These findings are consistent with those of Fatimah (2016), which indicate that social changes and work demands can burden caregivers, making it difficult to fulfil caregiving

responsibilities. In the context of the care economy, this issue highlights the need for greater support from employers and society to assist caregivers in balancing their responsibilities.

Overall, this study emphasizes that sandwich generation caregivers face various challenges that require support and cooperation from family members to ensure well-being in caregiving. These findings align with previous studies that show caregiving roles are not limited to one gender but involve all family members in efforts to meet caregiving needs (Mohamad et al. 2011). The implications of this study for social workers in the community are significant, as they need to design programs that not only support caregivers but also promote cooperation within families and communities. Social workers should consider cultural factors, acceptance, and the limitations faced by caregivers when developing effective interventions, as well as provide the necessary resources and support to alleviate caregiving burdens.

Conclusion

In conclusion, this study highlights that sandwich generation caregivers in Malaysia face various complex challenges in fulfilling their responsibilities. Changes in family structure, acceptance in family relationships, and caregiving limitations are factors that influence caregiver well-being. The findings indicate that social support from family, neighbours, and employers is crucial in alleviating the burdens borne by caregivers. In the context of the care economy, social workers need to consider cultural factors and the dynamics of family relationships when planning support programs. By understanding the needs and challenges faced by caregivers, social workers can develop more effective interventions, assist caregivers in balancing their responsibilities, and enhance overall family well-being.

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