

Grandparents and grandchildren: care and support in Myanmar, Thailand and Vietnam

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ABSTRACT

Recent surveys in Myanmar, Thailand and Vietnam reveal that substantial proportions of persons aged 60 and older co-reside with grandchildren and commonly provide grandparental care. Usually the grandchildren's parents are also present. Situations in which the grandchildren's parents are absent are considerably less frequent. Parents are commonly the main source of the grandchildren's financial support even if absent. Most grandparents that provide care do not consider it a serious burden even when the grandchild's parents are absent. Moreover, grandparental care is not always one-directional as grandchildren can also be of help to grandparents. These features of grandchild care reflect a regional cultural context that views acceptance of reciprocal intergenerational obligations as normal and in which co-residence of older persons and adult children is still common. Differences in economic development and past fertility trends account for much of the observed differences in grandparental care among the three countries by affecting grandchildren availability and migration of adult children. In addition, economic development and demographic trends will continue to shape grandparental care in the coming decades. Despite the lack of attention to development and demographic context in previous studies, these aspects of the changing societal context deserve a prominent place within conceptual frameworks guiding comparative research on grandparenting.

KEY WORDS—grandparents, grandchildren, intergenerational exchanges, Myanmar, Thailand, Vietnam, migration, skip-generation households.

Introduction

As population ageing accelerates in much of the world, increased attention is being given to the situation of the rapidly growing numbers of older persons. Initial concern primarily focused on their dependence on family and society

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for maintaining their welfare (*e.g.* World Bank 1994). More recently, the focus has broadened to encompass issues of productive ageing including services that older persons perform that contribute directly or indirectly to the economy (Bass 2002). One such activity is the provision of care for grandchildren, a service that facilitates the grandchildren's parents' ability to engage in economic activity especially outside the home (Baker and Silverstein 2012; Sun 2013). Such assistance involves both day care in cases where adult children co-reside or live nearby or full-time care if adult children migrate to more distant locations leaving their young dependent children in the care of grandparents. Studies throughout Asia and elsewhere indicate that rural to urban internal migration and international labour migration often result in young children being left in custodial care of grandparents (Asis 2006; Cong and Silverstein 2012; Lee and Bauer 2010).

Differing cultural norms and societal contexts and how they change over time can profoundly affect the extent, nature and consequences of grandparenting, as stressed in previous discussions (Arber and Timonen 2012; Hermalin, Roan and Perez 1998). Recent analyses comparing grandparenting in China and the United States of America (USA) provide excellent examples. In the USA, grandparental care is often triggered by problematic situations that necessitate grandparents to step in and provide child care. This can arise when single mothers need to work but lack access to other child-care options or when the parents of the grandchild are incapacitated or unavailable due to drug abuse, incarceration or death. In both of these situations the main beneficiaries are the grandchildren and/or the parents but not the grandparents. In contrast, in China, and elsewhere in Asia, grandparental care is typically viewed as a normal part of reciprocal intergenerational exchanges that include filial support in old age and thus benefits all generations involved (Baker and Silverstein 2012; Burnette, Sun and Su 2013; Croll 2006). Comparative studies, however, are relatively few limiting our understanding of the impact of the social context on grandparenting (Timonen and Arber 2012).

Cultural and societal contexts constitute major components of conceptual frameworks guiding comparative analyses of grandparental care, and rightly so. At the same time, however, the potentially important roles of economic development and demographic trends in accounting for differences in grandparenting among countries with relatively similar cultural norms have received insufficient emphasis. The present study provides a comparative analysis of grandparenting in three South-East Asian countries, Myanmar, Thailand and Vietnam, based on recent representative surveys of older persons in each country. The focus is on the extent and circumstances of grandparenting and their consequences from the grandparents' perspective. The contributions made by grandchildren are also

considered but only very briefly due to the lack of relevant information in the surveys.

The three countries under study share certain cultural features common to the region but contrast sharply in their levels of economic development. Moreover, they differ in their recent demographic histories, especially with respect to the timing and extent of fertility decline and level of migration of prime-age adults. They thus provide a particularly appropriate combination of settings to explore the roles of development and demography on grandparenting. Emphasis in the interpretation of results is on the critical role that differences in economic development and demographic trends play, in interaction with each other, in accounting for observed differences. It thus fills what has largely been a gap in previous comparative research and serves to make a case that these aspects of societal context deserve a prominent place within conceptual frameworks that guide comparative studies of grandparenting. The considerable debate concerning the impact of development on intergenerational relations adds further interest to the comparison (Aboderin 2004; Chan 2005; Croll 2006; Hermalin 2002; Knodel 2014).

The topics for analysis that follow are necessarily restricted by the limited questions in the surveys relevant to grandparental care. Still, sufficient information is available to explore a number of important issues. Following the descriptions of the country contexts and the data and methods, the presentation of results begins with respondents' characteristics. We then focus on prevalence of grandchildren with emphasis on co-resident grandchildren since living in the same household greatly facilitates grandparental care as well as contributions that grandchildren can provide. Special consideration is given to skip-generation households. We then turn to the prevalence of grandparental care, financial support of grandchildren and the perceived burden of care. For each of these topics, cases in which the parents are absent are considered separately. The analysis ends with a discussion of conclusions.

Country contexts

The prevailing religious belief systems and cultural ideals throughout South-East Asia stress filial respect and support for older-age parents as a moral obligation (Asis *et al.* 1995). Consistent with these values, families traditionally have been the main source of care and support for older people. This largely continues to be the case although it is under pressure from socio-economic and demographic change (Chan 2005). At the same time there is an underlying intergenerational contract that emphasises

reciprocal duties between parents and children throughout much of the lifecycle (Croll 2006; Department of Population and UN Population Fund (UNFPA) 2012; Hermalin, Roan and Perez 1998; Sung 2001). The three countries under study are no exception. Despite considerable differences in their political systems, government policies in Myanmar, Thailand and Vietnam generally presuppose the primacy of family care for older people (Bui *et al.* 2000; Chan 2005; Department of Population and UNFPA 2012; Ofstedal *et al.* 2002; Phillips and Chan 2002). Government policies to facilitate and supplement the role of family support and care are most advanced in Thailand and least in Myanmar (Department of Population and UNFPA 2012; Knodel, Prachuabmoh and Chayovan 2013; Giang 2011). For example, Thailand not only has effective universal health-care coverage but is the only one that provides an old age allowance programme with essentially universal coverage (Suwanrada 2012).

While all three countries share a common emphasis on filial obligations, Vietnam differs from Myanmar and Thailand with respect to gender relations within the family and how they condition patterns of intergenerational support. Most countries of South-East Asia, including Myanmar and Thailand, are characterised by a flexible bilateral family system in which daughters play an equally or more important role than sons and matrilineal residence is common (Mason 1992). In contrast, a largely patrilineal/patriarchal family system that stresses the responsibility of sons (and their wives) for caring and supporting parents prevails in East Asia, including Vietnam. At the same time, within Vietnam, regional variation is pronounced with patriarchal arrangements considerably stronger in the north than in the south (Friedman *et al.* 2003). These differences among the countries are related to the predominant influence of Theravada Buddhism in both Myanmar and Thailand in contrast to Confucianism in Vietnam (Engelmajert and Izuhara 2010; Jayakody and Vu 2008; Truong *et al.* 1997).

The three countries are characterised by different levels of ethnic and religious diversity. Ethnic minorities make up the largest share of the overall population in Myanmar. The Bamar majority is estimated to consist of 68 per cent of the total although an up-to-date count awaits the results of the 2014 census, the first one since 1983. In Vietnam, the majority Kinh make up about 86 per cent of the population and in Thailand ethnic Thais and Thai Chinese comprise about 90 per cent of the population. In all three countries, religious differences are to some extent intertwined with ethnicity. For example, in Thailand ethnic Malays adhere to Islam while in Myanmar numerous tribal minorities are largely Christian.

From the perspective of the present analysis, the most striking and important differences among the three countries relate to their levels of socio-economic development. As statistics presented in Table 1 make clear,

TABLE 1. *Socio-economic and demographic indicators, Myanmar, Thailand and Vietnam*

	Source	Myanmar	Vietnam	Thailand
Socio-economic indicators:				
GDP per capita based on PPP, 2010	A	1,255 ¹	3,143	9,215
Adult literacy rate (%)	B	92.3 (2010)	93.2 (2010)	93.5 (2005)
Percentage of major roads paved	B	11.9 (2005)	47.6 (2007)	98.5 (2000)
Human Development Index rank, 2012 ²	B	149	127	103
Demographic measures:				
Total population, 2010 (in 1000s)	C	51,913	89,047	66,402
Life expectancy, 2005–10	C	64	75	73
Percentage in urban areas, 2011	D	30.8	31.7	36.1
Mean household size of persons 60+	E	4.71	4.18	3.63
Percentage aged 60+, 2010	C	7.7	8.9	12.9
Percentage aged 60+, 2050 (medium projection)	C	22.3	30.6	37.5
Youth dependency ratio (0–14/15–59), 2010	C	0.39	0.35	0.29
Elderly dependency ratio (60+/15–59), 2010	C	0.12	0.13	0.19

Notes. 1. Value is an estimate. 2. Rank out of 186 countries. GDP: gross domestic product. PPP: purchasing power parity.

Sources: A. International Monetary Fund (2013). B. United Nations Development Programme (2013). C. United Nations (2013). D. Asian Development Bank (2013). E. 2012 Myanmar Survey of Older Persons; 2011 Viet Nam Aging Survey; 2011 Survey of Older Persons in Thailand.

Thailand is by far the most advanced economically and Myanmar clearly the least developed. The gross domestic product (GDP) per capita based on purchasing power parity as of 2010 is over seven times higher in Thailand than in Myanmar and almost three times higher than in Vietnam. Indeed, Myanmar has the lowest per capita GDP in South-East Asia (International Monetary Fund 2013). The percentage of the economically active population that is engaged in agriculture is clearly highest in Myanmar and lowest in Thailand.

Several other indicators of the level of development also reveal striking differences. While in Thailand the vast majority of major roads are paved, this is true for only about half of those in Vietnam and a quite small percentage of those in Myanmar as of a few years ago. Likewise, according to the United Nations Development Programme (2013) Human Development Index, Thailand clearly ranks highest, Myanmar lowest and Vietnam in between. Nevertheless, in all three adult literacy is over 90 per cent.

Demographic variation among the countries is largely consistent with their differences in socio-economic development levels. Life expectancy and the percentage living in urban areas are lowest in Myanmar and highest in Thailand, while mean household size is highest in Myanmar and lowest in Thailand. Population ageing is most advanced in Thailand, with 13 per cent aged 60 and older in 2010 compared to approximately 9 per cent in Vietnam and 8 per cent in Myanmar. In all three countries the percentage of the population aged 60 and older is projected to more than triple by 2050.

As Figure 1 documents, fertility has fallen in each of the countries to levels at or below replacement. Of particular significance for the present analysis, however, are the differences in the timing and extent of fertility decline. In Thailand, fertility started to decline first, fell fastest and is currently lowest at well below the replacement level. Although trends in Myanmar and Vietnam do not differ as much from each other as both do from Thailand, the decline in Vietnam is steeper and although Vietnam experienced higher fertility in the early 1960s, at present it is estimated to be slightly lower.

Data and methods

The present analysis is based on persons 60 and older interviewed in three national surveys: the 2012 Myanmar Survey of Older Persons (MSOP), the 2011 Viet Nam Aging Survey (VNAS) and the 2011 Survey of Older Persons in Thailand (SOPT).¹ The MSOP was primarily sponsored by HelpAge International and the VNAS by the Vietnam Women's Union with Atlantic

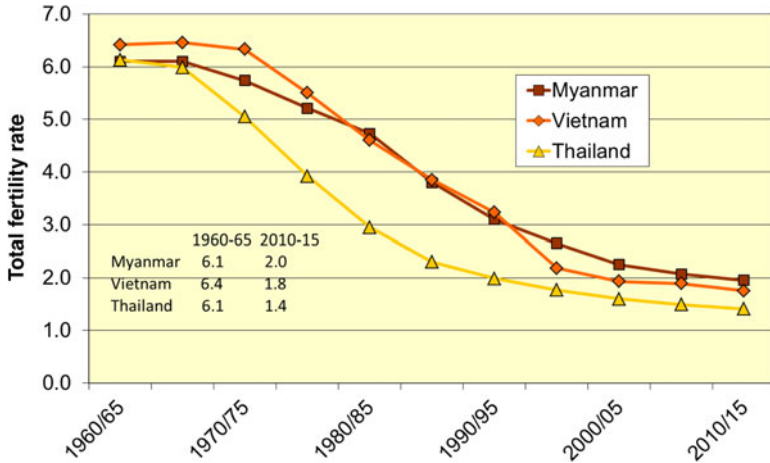


Figure 1. Total fertility rates, Myanmar, Vietnam and Thailand. *Source:* United Nations (2013).

Philanthropies funding and technical support from General Statistics Office. The SOPT was conducted by the Thai government's National Statistical Office. Sample sizes of persons 60 and older were 4,080 for the MSOP, 2,789 for the VNAS and 34,173 for the SOPT. With appropriate weighting, results from all three surveys are nationally representative except for the exclusion of Kachin State in the MSOP due to security concerns. The overall response rates for the 2012 MSOP was 92.6 per cent and for the 2011 VNAS was 97.8 per cent. In both cases the bulk of the non-response was due to unavailability of the respondent rather than refusals. Unfortunately the National Statistical Office in Thailand did not calculate a response rate for the 2011 SOPT. Results in the present study are all weighted. Further details about the survey methodologies are available elsewhere (*see* Knodel 2012; National Statistical Office 2012; Vietnams Women's Union 2012).

All three surveys were designed to yield comprehensive information about the situation of the older population. While they cover a wide range of topics, information on any specific one including grandparenting is limited. In all three data sets all information, including that concerning grandchildren and their parents, is provided by the respondents and thus reflects the grandparents' knowledge and perceptions. Finally, questions are not identical across the three surveys and hence harmonising variables presents a challenge. Still, even when reasonable harmonisation is difficult as long as the variables address similar aspects of grandparenting, comparisons can still be informative provided appropriate caveats accompany the interpretation of results.

TABLE 2. Demographic, social and economic characteristics of survey samples of persons 60 and older, Myanmar, Vietnam and Thailand

	Myanmar, 2012	Vietnam, 2011	Thailand, 2011
Unweighted number of cases	40,80	2,789	3,4173
Mean age	70.5	70.7	69.2
Percentage women	54	57	56
Percentage rural	69	67	67
Percentage with some education	89	92	88
Percentage that worked in last year	30	40	43
Percentage in households with:			
Television	40	93	99
Motor vehicle (motor cycle, car, truck)	27	68	81
Phone	10	85	89 ¹
Refrigerator	7	48	93
Mean number of living children	4.6	4.7	3.5
Percentage co-resident with their children	77	66	57
Percentage with one or more children outside province (Vietnam, Thailand) or township (Myanmar)	43	50	59

Note. 1. Refers to mobile phones only.

Sources: 2012 Myanmar Survey of Older Persons; 2011 Viet Nam Aging Survey; 2011 Survey of Older Persons in Thailand.

The following results are primarily descriptive. The data are cross-sectional and not longitudinal. As such, it is not possible to determine the extent to which differences found between these two groups reflect prior 'selection' or derive from impacts of the care-giving experience. Relationships found between grandparenting issues and other variables are simply associations and causality cannot be inferred. In addition, our attempts to relate macro-level societal differences in development levels across the countries to explain observed differences in the survey findings necessarily represent interpretations based on logical argument rather than direct empirical analysis. In contrast, interpretation of the impact of past demographic trends is generally direct.

Results

Respondents' characteristics

Table 2 compares characteristics of the survey samples of persons 60 and older. On some measures the samples are quite similar. The mean ages are around 70, women constitute modest majorities of older persons ranging from 54 to 57 per cent, approximately two-thirds live in rural areas and

around 90 per cent have at least some formal education. Myanmar respondents, however, are less likely to report having worked in the past year than those in Vietnam and Thailand, possibly reflecting poorer levels of health.

Information on several key household possessions clearly indicates that differences are quite substantial. Older persons in Myanmar live in households with the fewest and those in Thailand in households with the most. Overall, the differences are quite stark and consistent with the picture provided by societal-level indicators of economic development in [Table 1](#). The fact that only 10 per cent of respondents in Myanmar have a phone in the household compared to the vast majority in Vietnam and Thailand is particularly striking, as the lack of ready access to a phone in the household has important implications for the ability of grandparents to communicate with parents of grandchildren under their care who live elsewhere.

Older persons in Thailand average fewer living children than in Myanmar or Vietnam, reflecting its earlier and more advanced fertility decline. The living arrangements of older persons in relation to their children also differ. Co-residence with at least one child is highest for Myanmar and lowest for Thailand. The percentage of older persons that have at least one child living at some considerable distance also differs and is highest in Thailand and lowest in Myanmar. Thus, only 43 per cent of older persons in Myanmar have at least one child living outside of their township compared to 50 per cent in Vietnam and 59 per cent in Thailand that have at least one child living outside the province. This contrast is even more striking given that townships in Myanmar are roughly the equivalent of districts in Thailand and Vietnam and thus are considerably smaller administrative units than are provinces.²

Child-based results (not shown in the table) indicate that the percentage of *children* that live at some distance is by far the highest in Thailand and lowest in Myanmar. In Myanmar, only 20 per cent of children of older persons lived outside their parents' township compared to 39 per cent of the children of Thai older persons that lived outside their parents' province. In Vietnam, 32 per cent of the children of older parents live outside their parents' district and 21 per cent outside their parents' province. These differences almost certainly reflect the differing levels of economic development and consequent job creation that spurs much migration in the three countries.

Prevalence and co-residence of grandchildren

According to the surveys, 87 per cent of respondents in Myanmar and 93 per cent in Vietnam have at least one grandchild. The equivalent

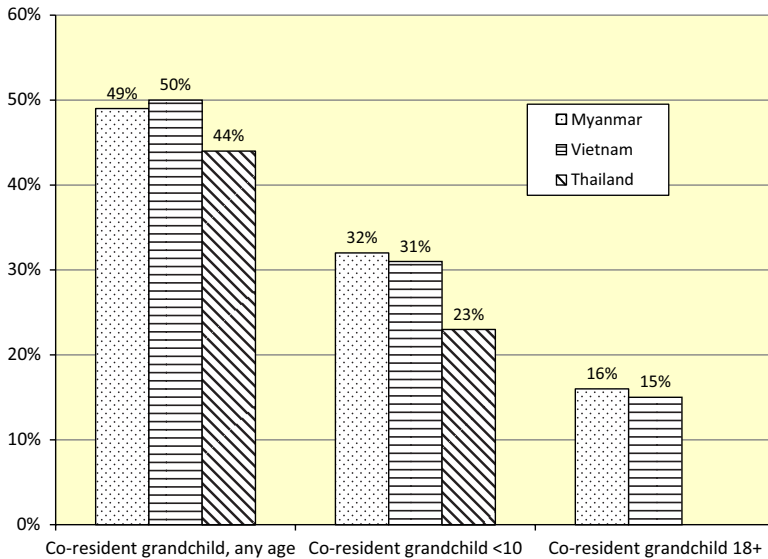


Figure 2. Percentage of persons 60 and older that co-reside with a grandchild of any age, a grandchild under age 10 and a grandchild 18 or older, Myanmar, Vietnam and Thailand. *Note:* Information on co-residence with a grandchild 18 or older is unavailable for Thailand. *Sources:* 2012 Myanmar Survey of Older Persons; 2011 Viet Nam Aging Survey; 2011 Survey of Older Persons in Thailand.

information is lacking for Thailand. However, the percentage is likely to be somewhat lower given the lower mean number of children of older persons combined with the lower fertility levels of their adult children. Of greater interest, however, is the share of older persons that have grandchildren living with them in their household. Such circumstances increase substantially the probability of grandparental care. At the same time, it is important to take into account the age of co-resident grandchildren since those in very young ages will be more dependent and require more attention than those who are older and able to contribute to household welfare (Timonen and Arber 2012).

As Figure 2 indicates, about half of persons 60 and older in Myanmar and Vietnam live with at least one co-resident grandchild of any age but the percentage is somewhat lower for Thais. Moreover, older persons often have more than one grandchild living with them. The mean number among older persons who live with grandchildren is 2.3 in Myanmar, 1.9 in Vietnam and 1.7 in Thailand (not shown). Close to a third of older persons in Myanmar and Vietnam but only about a quarter in Thailand have a grandchild under age 10 in their household, likely reflecting the more advanced stage of fertility decline there. Although information is lacking for Thailand, in both

TABLE 3. *Percentage of co-resident grandchildren that contribute to household support or income (Myanmar and Vietnam) and that assist with household chores (Myanmar), by age*

	Age of co-resident grandchild				
	14-15	16-17	18-19	20	21+
	<i>Percentages</i>				
Contribute to household support or income:					
Myanmar	21	33	47	58	74
Vietnam ¹	11	23	24	34	65
Assist with household chores (Myanmar only):					
At least some	74	77	77	77	81
A lot	10	20	19	23	28

Note. 1. Results refer to any household with a person age 60 or older even if the respondent was age 50-59.

Sources. 2012 Myanmar Survey of Older Persons; 2011 Viet Nam Aging Survey.

Myanmar and Vietnam modest minorities of older persons have at least one co-resident grandchild 18 or older.

Contributions of co-resident grandchildren

The surveys provide some limited evidence that having grandchildren in the household can be advantageous for the grandparents as well. In all three surveys, respondents were asked if they received personal assistance with their activities of daily living and if so who provided it. Among older persons that received such assistance and had a co-resident grandchild, 53 per cent in Myanmar, 31 per cent in Vietnam and 64 per cent in Thailand said grandchildren provided some assistance. Moreover, 12 per cent in Myanmar, 11 per cent in Vietnam and 10 per cent in Thailand reported that a grandchild was the main source of assistance.

The Myanmar and Vietnam surveys also provide clear evidence that older grandchildren in the household often contribute materially. In both surveys, respondents were asked if each specific household member contributed to household income or support.³ Table 3 shows results by age groups of grandchildren age 14 and older. In Myanmar, the percentage of co-resident grandchildren that contributed to household support rises steadily with age from a fifth of co-resident grandchildren aged 14-15 to almost three-quarters of those 21 and older. In Vietnam, the percentage in the age range from 14 to 19 that provide support are considerably lower than in Myanmar but increase sharply for those aged 20 and rises to almost two-thirds of those 21 and older. The fact that young people in Vietnam remain in school

TABLE 4. Percentage of older persons in skip-generation households, by age and area of residence, Myanmar, Vietnam and Thailand

	Total	Age		Residence	
		60–69	70+	Urban	Rural
<i>Percentages</i>					
Only grandchildren of any age:					
Myanmar	4.1	3.8	4.4	4.1	4.1
Vietnam	4.8	5.0	4.5	6.0	4.1*
Thailand	10.1	12.0	7.6***	5.9	12.2***
Only grandchildren and at least one is under age 10:					
Myanmar	1.9	1.9	1.8	2.5	1.6*
Vietnam	2.2	3.4	1.2***	2.1	2.2
Thailand	4.7	6.6	2.1***	2.3	5.9***

Sources: 2012 Myanmar Survey of Older Persons; 2011 Viet Nam Aging Survey; 2011 Survey of Older Persons in Thailand.

Significance levels: * $p \leq 0.05$, ** $p \leq 0.01$, *** $p \leq 0.001$.

longer than in Myanmar likely accounts at least in part for the difference between the two countries.⁴

Respondents in Myanmar were also asked about the extent to which household members 14 and older helped with household chores. Regardless of age, a substantial majority of grandchildren were reported as providing at least some household help. The percentage reported as helping a lot, however, rises with age.

Skip-generation households

The phenomenon of ‘skip-generation’ households consisting only of grandparents and grandchildren is a topic of considerable research (Timonen and Arber 2012) and is of concern for international organisations such as HelpAge International (2012), from the grandparents’ perspective, and UNICEF Thailand (2009) from the children’s perspective.

In the present study, we define skip-generation households as those consisting of respondents aged 60 and above (with or without their spouse regardless of the spouse’s age) and one or more grandchildren but no other members present. Table 4 shows results based both on households with at least one grandchild of any age and ones that have at least one grandchild under age 10.

Overall, relatively few older persons in any of the three countries live in skip-generation households. Nevertheless, older persons in Thailand are clearly the most likely to live in skip-generation households.

The considerably greater prevalence of skip-generations in Thailand is all the more striking given that, as noted above, Thai older persons are likely to have fewer grandchildren than those in the other two countries.

The difference in the prevalence of skip-generation households corresponds to differences in the levels of economic development in the three countries. The more advanced development in Thailand compared to the other two countries has generated greater employment opportunities for young adults outside their parents locality, thus stimulating migration from their place of origin. In contrast, in Myanmar, where development is least advanced, the relative lack of employment opportunities elsewhere compared with the other two countries is likely a key reason why adult children are far more likely to remain in close proximity to their parents.

It is interesting to note that within Myanmar the Mon state, which borders on Thailand and has substantial levels of out-migration by young adults to Thailand to seek employment, is an exception (Macnamara 2013). According to the Myanmar survey, respondents in the Mon state reported by far the highest percentage of their children living outside their township due mainly to many being outside the country, almost all of whom were in Thailand. Based on the presence of grandchildren of any age, the Myanmar survey shows that 15 per cent of older persons in the Mon state live in skip-generation families, twice the level of the next highest state (Kayin) and almost four times the national average.

There are numerous differences among the three countries in the association between skip-generation households and the age and residence of the grandparents. When grandchildren of any age are considered, skip-generation households are distinctively lower among persons 70 and older compared to those in their sixties in Thailand but only minor differences are found in Myanmar and Vietnam. However, in both Vietnam and Thailand, those aged 70 and over are much less likely to be in a skip-generation household with a grandchild under age 10. Older Thais living in rural areas are considerably more likely than their urban counterparts to be in skip-generation households while rural–urban differences are not pronounced in Myanmar or Vietnam. The more pronounced rural–urban differences in Thailand reflect substantially higher out-migration of adult children from rural areas stimulated by urban employment opportunities generated by the more advanced Thai economy compared to the other two countries.⁵

Prevalence of grandparental care

Each survey included questions about care and support of grandchildren by grandparents. However, differences in the questions prevent the construction of fully comparable measures. Also, the questions in Myanmar referred

TABLE 5. Prevalence of providing care for grandchildren among persons age 60 and older, Myanmar, Vietnam and Thailand

	Percentage
Myanmar:	
Ever cared for:	
Any grandchild	47.1
One with absent parents	13.0
Currently caring for:	
Any grandchild	32.5
One with absent parents	4.2
Ever went to care for grandchild elsewhere for at least one month	3.4
Vietnam:	
Cared for grandchild < 10 in past year	33.6
Cared for grandchild < 10 in past year with absent parents	4.2
Ever cared for grandchild < 10 with absent parents	8.1
Thailand:	
Cared for grandchild < 10 in past year	28.1
Currently main carer for co-resident grandchild with absent parents	9.7

Notes: Absent parents excludes cases in which both parents are deceased. For Vietnam, grandchild care refers to care by either the respondent or spouse.

Sources: 2012 Myanmar Survey of Older Persons; 2011 Viet Nam Aging Survey; 2011 Survey of Older Persons in Thailand.

to grandchildren of all ages, in Vietnam only to grandchildren under age 10 and in Thailand reference to the age of the grandchild depended on the particular question. Nevertheless comparing country-specific measures is still informative. Table 5 examines grandchild care both with respect to any grandchild and grandchildren whose parents were absent. Note that absent parent cases include situations in which other persons besides grandparents and grandchildren may be present in the household and thus are not limited to skip-generation households as defined in Table 4.⁶ In this and subsequent tables, the small number of cases in which both parents are deceased are not included with grandchildren with absent parents since such cases were not treated consistently in the three surveys.

Overall, substantial proportions of older persons in all three countries are involved in grandchild care. In Myanmar, almost half of respondents had ever cared for grandchildren and almost a third were currently doing so. The percentages that ever cared for a grandchild whose parents were absent (13%) or who are currently doing (4%) are far lower. In addition, very few respondents had ever gone to assist in caring for a grandchild elsewhere for a month or longer. In Thailand, a substantial minority (28%) provided care to a grandchild younger than age 10 during the past year and 10 per cent reported they were currently the main carer for a co-resident grandchild of any age whose parents were absent. In Vietnam, a third of older persons

reported that they cared for a grandchild under age 10 during the previous year but only 4 per cent had cared for one with absent parents.

Given that the measures of grandchild care by country are not identical, definitive statements about differences in prevalence are limited. Still it is clear that older persons in Thailand are more than twice as likely as those in Myanmar to be currently providing care to grandchildren with absent parents despite lower fertility in Thailand. Again this very likely reflects the much higher levels of migration of adult children associated with greater employment opportunities in manufacturing and services generated by the far more advanced Thai economy.

Comparison with Vietnam with respect to care of grandchildren with absent parents is more complicated. The Thai questionnaire refers to current main care without a limitation on the age of the grandchild, while the Vietnamese questionnaire refers to children under age 10 during the past year and does not specify main care. Given that these differences likely affect the comparison in opposite directions, they may to some extent cancel each other out. Hence the fact that the percentage indicating current main care for grandchildren with absent parents is so much higher in Thailand than is recent care of grandchildren under 10 with absent parents in Vietnam strongly suggests that such care is considerably more frequent for older-age Thais than older-age Vietnamese.

The prevalence of grandchild care varies with the characteristics and situation of older persons. [Table 6](#) examines the covariates of current or recent care of grandchildren in general while [Table 7](#) focuses only on care of grandchildren whose parents are absent. Results are shown in terms of odds ratios both unadjusted and adjusted by logistic regression for other covariates. For both Myanmar and Vietnam consideration is limited to older persons who have at least one grandchild.

In all three countries, persons in their seventies and even more so those in their eighties are substantially less likely to provide grandchild care relative to those in their sixties, whether in general or for grandchildren with absent parents. Adjusting for other covariates makes little difference. This inverse association with the age of the grandparent is common elsewhere as well and likely reflects greater frailty of persons of more advanced ages as well as the ageing of their grandchildren and hence reduced need for care (Lee and Bauer 2010). Contrary to the general assumption that child care is far more a women's than a man's responsibility, differences with respect to gender are relatively modest, although in Thailand, after taking other covariates into account, the likelihood of caring for a grandchild with absent parents is considerably higher for women than for men. Results for Vietnam are unavailable because the question asked about care by the respondent or spouse, making interpretation ambiguous for married respondents.

TABLE 6. Odds ratios of providing care to grandchild, unadjusted and adjusted for other covariates, persons 60 and older, Myanmar, Vietnam and Thailand

	Myanmar (if has a grandchild)		Vietnam (if has a grandchild)		Thailand (all persons 60+)	
	Current care of grandchild any age		Recent/current care for grandchild > 10 ¹		Current care of grandchild > 10	
	Unadjusted	Adjusted	Unadjusted	Adjusted	Unadjusted	Adjusted
	<i>Odds ratios</i>					
Age (Ref. 60–69):	<i>p</i> =0.000*	<i>p</i> =0.000*	<i>p</i> =0.000*	<i>p</i> =0.000*	<i>p</i> =0.000*	<i>p</i> =0.000*
70–79	0.77	0.79	0.53	0.56	0.67	0.65
80+	0.39	0.41	0.15	0.15	0.32	0.30
Gender (Ref. male):	<i>p</i> =0.591	<i>p</i> =0.484	– ²	– ²	<i>p</i> =0.616	<i>p</i> =0.000*
Female	0.96	1.06			1.01	1.12
Marital status (Ref. not married):	<i>p</i> =0.000*	<i>p</i> =0.130	<i>p</i> =0.000*	<i>p</i> =0.007*	<i>p</i> =0.000*	<i>p</i> =0.000*
Currently married	1.33	1.13	2.03	1.35	1.48	1.32
Area (Ref. urban):	<i>p</i> =0.629	<i>p</i> =0.815	<i>p</i> =0.204	<i>p</i> =0.051	<i>p</i> =0.000*	<i>p</i> =0.000*
Rural	0.96	1.02	0.89	0.82	1.54	1.61
Health (Ref. good): ³	<i>p</i> =0.003*	<i>p</i> =0.189	<i>p</i> =0.000*	<i>p</i> =0.000*	<i>p</i> =0.000*	<i>p</i> =0.000*
Fair	0.89	0.95	0.74	0.82	0.85	0.87
Poor	0.72	0.83	0.27	0.37	0.67	0.75
Household wealth (Ref. low):	<i>p</i> =0.000*	<i>p</i> =0.000*	<i>p</i> =0.006	<i>p</i> =0.331*	<i>p</i> =0.000*	<i>p</i> =0.000*
Middle	1.50	1.42	1.31	1.04	1.61	1.35
High	1.48	1.42	1.34	0.88	1.21	1.07
Work (Ref. not working): ⁴	<i>p</i> =0.017	<i>p</i> =0.676*	<i>p</i> =0.000*	<i>p</i> =0.584*	<i>p</i> =0.000*	<i>p</i> =0.001
Worked	1.20	1.04	1.78	0.95	1.20	0.91
Co-resident children 18+ (Ref. 0):	<i>p</i> =0.000*	<i>p</i> =0.000*	<i>p</i> =0.000*	<i>p</i> =0.000*	<i>p</i> =0.000*	<i>p</i> =0.000*
1	1.61	1.63	1.40	1.72	2.04	2.23
2+	1.69	1.49	1.05	0.96	1.99	2.18

Notes: Ref.: reference category. 1. Question referred to care during past year. 2. Question referred to care by respondent or spouse therefore gender of carer unknown. 3. For Vietnam, because of the small number of respondents who assessed their health as good, the reference category is average or good and the other categories are poor and very poor. 4. For Myanmar, work refers to work during previous year; for Vietnam, work refers to if either respondent or spouse is currently working; for Thailand, work refers to currently working.

Sources: 2012 Myanmar Survey of Older Persons; 2011 Viet Nam Aging Survey; 2011 Survey of Older Persons in Thailand.

Significance levels: The *p* values show the joint statistical significance level of the subset of categories within each predictor variable based on the Wald test. Those with an asterisk (*) indicate at least the 0.05 level of statistical significance is reached. Given the large sample size of the 2011 Survey of Older Persons in Thailand, almost all results for Thailand reach this level even when differences between categories are quite small.

TABLE 7. Odds ratios of providing care to grandchild with absent parents, unadjusted and adjusted for other covariates, persons 60 and older, Myanmar, Vietnam and Thailand

	Myanmar (if has a grandchild)		Vietnam (if has a grandchild)		Thailand (all persons 60+)	
	Current care of grandchild any age		Recent/current care for grandchild > 10 ¹		Current care of grandchild any age	
	Unadjusted	Adjusted	Unadjusted	Adjusted	Unadjusted	Adjusted
	<i>Odds ratios</i>					
Age (Ref. 60–69):	<i>p</i> =0.000*	<i>p</i> =0.000*	<i>p</i> =0.000*	<i>p</i> =0.001*	<i>p</i> =0.000*	<i>p</i> =0.000*
70–79	0.50	0.47	0.53	0.574	0.59	0.676
80+	0.22	0.190	0.21	0.26	0.16	0.24
Gender (Ref. male):	<i>p</i> =0.475	<i>p</i> =0.657			<i>p</i> =0.000*	<i>p</i> =0.000*
Female	1.12	1.08	– ²	– ²	1.14	1.53
Marital status (Ref. not married):	<i>p</i> =0.138	<i>p</i> =0.915	<i>p</i> =0.002*	<i>p</i> =0.538	<i>p</i> =0.000*	<i>p</i> =0.000*
Currently married	1.27	0.98	1.83	1.18	1.86	1.76
Area (Ref. urban):	<i>p</i> =0.046*	<i>p</i> =0.912	<i>p</i> =0.316	<i>p</i> =0.757	<i>p</i> =0.000*	<i>p</i> =0.000*
Rural	0.72	0.98	1.17	0.93	2.15	1.80
Health (Ref. good): ³	<i>p</i> =0.970	<i>p</i> =0.613	<i>p</i> =0.303	<i>p</i> =0.641	<i>p</i> =0.000*	<i>p</i> =0.000*
Fair	1.05	1.17	0.90	0.97	0.93	1.00
Poor	1.02	1.23	0.54	0.68	0.65	0.79
Household wealth (Ref. low):	<i>p</i> =0.000*	<i>p</i> =0.000*	<i>p</i> =0.401	<i>p</i> =0.519	<i>p</i> =0.000*	<i>p</i> =0.000*
Middle	3.38	4.38	0.72	0.76	0.98	1.26
High	3.94	5.530	0.78	0.86	0.43	0.77
Work (Ref. not working): ⁴	<i>p</i> =0.581	<i>p</i> =0.230	<i>p</i> =0.000*	<i>p</i> =0.394	<i>p</i> =0.000*	<i>p</i> =0.102
Worked	1.10	0.79	2.13	1.22	1.65	1.07
Co-resident children 18+ (Ref. 0):	<i>p</i> =0.000*	<i>p</i> =0.000*	<i>p</i> =0.000*	<i>p</i> =0.000*	<i>p</i> =0.000*	<i>p</i> =0.000*
1	0.35	0.27	0.40	0.46	0.24	0.25
2+	0.39	0.25	0.35	0.36	0.14	0.15

Notes: See footnotes to Table 6. Absent parents exclude cases in which both parents are deceased.

Unadjusted results indicate that currently married older persons are more likely to provide grandchild care than those not currently married but this association is reduced considerably when other covariates are taken into account.

Both unadjusted and adjusted results indicate that the odds of grandchild care are considerably higher for rural than urban dwellers in Thailand, especially in terms of care of grandchildren whose parents are absent. In the other two countries differences by place of residence are much more modest and inconsistent in direction.

In all three countries, the odds of caring for a grandchild in general decrease with poor health of the respondent according to both unadjusted and adjusted results. This is also true with respect to care of grandchildren with absent parents in Vietnam and Thailand although not so in Myanmar. Unadjusted results indicate that in all three countries, older persons in households with low levels of wealth as measured by household possessions (combined with quality of housing in Myanmar and Thailand) are less likely to care for grandchildren in general. However, when statistically adjusted for other covariates, the differences by wealth are noticeably reduced. The association of household wealth and care of a grandchild with absent parents is less consistent across countries. In Myanmar, the odds increase with wealth levels while in Vietnam they are highest for those in low-wealth households. In Thailand, those in the highest wealth category have the lowest odds of caring for such a grandchild.

Unadjusted results show that current or recent work is positively associated with care of grandchildren in general, as well as those with absent parents. However, controlling for other covariates either reduces considerably or reverses this association. Finally, the presence of co-resident adult children increases the odds of taking care of a grandchild in general (with the exception of having two coresident children in Vietnam) but decreases it sharply for taking care of a grandchild with absent parents. The general patterns with regards to co-resident adult children are not surprising. Co-resident adult children may have children of their own whom the older person can help care for but in cases where no adult child is present, unless a child-in-law is in the household, the parents of any grandchild in the household would be absent.

In brief, while interpretations of the similarities and some of the differences in the relationships between grandparental care of grandchildren and the covariates examined appear to be fairly straightforward, interpretation for some differences remain elusive. Putting aside possible measurement error, this may simply reflect that the interplay of influences that bear on grandchild care can be quite complex and in some degree specific to the particular society under consideration.

Financial support of grandchildren

Grandchild care involves not only instrumental but also material support. Accounts portraying care as a burden to the grandparents frequently state or imply that it imposes serious financial demands on them (Sun 2013; Vos, Ocampo and Cortez 2009). Respondents in all three surveys who cared for grandchildren were asked who provided the main financial support although, as shown in Table 8, the pre-coded response categories differed somewhat. Only the Myanmar survey included a response category specifying that both the parents and grandparents shared equally in the grandchildren's support and only the Thai survey included a response category specifying that the grandchild was self-supporting. These differences in response categories need to be considered when interpreting comparisons between the countries.

Despite the different response categories, in all three countries it is more common for the grandchild's parents than for grandparents to be the main provider of their financial support. In Myanmar and Vietnam, this tendency is stronger in situations in which a parent of the grandchild is present in the household than when the parents are absent. Information for Thailand is only available regarding main support for grandchildren whose parents are absent from the household. Yet it is of interest that the percentage of such grandchildren in Thailand is clearly higher than the equivalent figure for Vietnam. It also appears that the main support of children with absent parents in Thailand is higher than in Myanmar, although the comparison is complicated by the difference in response categories. The relatively high percentage of grandchildren with absent parents whose main financial support comes from their parents in Thailand likely reflects Thailand's more advanced level of economic development. This in turn provides greater availability of better-paying jobs for migrant parents who then can afford to support their grandchildren through remittances to the grandparents.

The finding that most grandchildren under grandparental care are primarily supported financially by their parents is consistent with other studies that indicate adult children increase their financial support to their parents when they received help with child care from the parents (*e.g.* Cong and Silverstein 2012; Lee and Bauer 2010). Although not shown in Table 8, information on remittances received from non-co-resident children appears to confirm this pattern. The survey data do not make it possible to identify remittances specifically from the absent parents of the grandchild under grandparental care. Nevertheless, in comparisons among older persons with non-co-resident children, those who are caring for a grandchild whose parents are absent are more likely to receive significant remittances from non-co-resident children than those who are not.

TABLE 8. *Who financially supports grandchildren under care of grandparents age 60 or older, Myanmar, Vietnam and Thailand¹*

	Grandchildren under current/ recent care ²			Grandchildren ever cared for with parents absent ⁴
	All	With parent present in household or locality ³	With parents outside household or locality ³	
	<i>Percentages</i>			
Myanmar:				
Grandparents	19.5	15.0	28.4	31.9
Grandchild's parents	59.9	64.2	50.7	47.0
Both equally	18.7	19.9	19.6	19.4
Other	2.0	0.9	1.4	1.7
Total	100	100	100	100
N of cases (unweighted)	1,290	1,055	145	582
Vietnam:				
Grandparents	21.0	18.0	41.5	33.3
Grandchild's parents	77.5	81.0	54.9	64.8
Other	1.5	1.0	3.7	1.9
Total	100	100	100	100
N of cases (unweighted)	997	814	109	220
Thailand:				
Grandparents	NA	NA	21.1	NA
Grandchild's parents	NA	NA	70.5	NA
Grandchild self	NA	NA	6.6	NA
Other	NA	NA	1.9	NA
Total	–	–	100	–
N of cases (unweighted)	–	–	4,732	–

Notes: Results for Vietnam refer only to grandchildren under age 10; results for Thailand refer only to co-resident grandchildren. Parents present include only those co-resident in household for Myanmar and Thailand but for Vietnam includes those living nearby. 1. Based on reports of respondents 60 and older but in some cases the spouse of the respondent may be under age 60. 2. Vietnam results for current care refer to grandchildren cared for during the past 12 months, some of whom may no longer be under their care. 3. Excludes cases in which care is provided to both grandchildren with present and with absent parents and those with deceased parents. 4. Absent means not in household for Thailand and not in household or locality for Myanmar and Vietnam. NA: not available.

Sources: 2012 Myanmar Survey of Older Persons; 2011 Viet Nam Aging Survey; 2011 Survey of Older Persons in Thailand.

Perceived burden of grandparental care

As Arber and Timonen (2012) point out, little attention has been paid to grandparents' own perception about providing child care. Grandparental care is sometimes portrayed as primarily a burden in the mass media.

In contrast, several studies in Asia have found more positive reactions by grandparents (Baker and Silverstein 2012; Chyi and Mao 2012; Ko 2012; Sun 2013; Tsai, Motamed and Rougemont 2013). These studies indicated that grandparents often gained satisfaction from carrying out a culturally valued family role or found it gave meaning to their lives. According to a recent study of 'left behind' older persons in rural China, only just over one-quarter found the task of caring for grandchildren, presumably with absent parents, to be very difficult (cited in Burnette, Sun and Su 2013).

Both the Myanmar and Vietnam surveys included questions which asked respondents who cared for grandchildren how they viewed their experience. Myanmar respondents were asked if they enjoyed caring for grandchildren or if it was a burden. Vietnamese respondents were asked if caring for the grandchildren was a physical burden. Results are summarised in Table 9 and distinguish between situations in which a grandchild's parent was present or absent.

The difference in the questions and response categories limits precise comparisons between the two countries. Nevertheless, a similar picture emerges from both that overall relatively positive perceptions predominate over negative ones. In Myanmar, almost three-quarters of grandparents currently providing care to a grandchild replied that they mostly enjoyed it and only 5 per cent said that it was mostly a burden. In Vietnam, over half of respondents who cared for a grandchild under age 10 during the past year indicated that it was either not at all a physical burden or only a little burdensome and only 12 per cent saw it as a considerable physical burden. In Vietnam, there is little difference in the replies of grandparents who were caring for a grandchild with a parent present and those whose parents were absent. In Myanmar, however, those currently caring for a grandchild with absent parents were somewhat less positive than those currently caring for a grandchild whose parent was present in household. However, when grandchildren whose parents were absent that had ever been cared for are included, the percentage that mostly enjoyed the experience is higher and very similar to that expressed regarding current care of grandchildren with a parent present. Thus, the findings for both Myanmar and Vietnam are reasonably consistent with the other Asian studies cited above.

The extent to which the relatively positive views found in the two surveys as well as those in other Asian countries are possibly influenced by a cultural hesitancy to express negative feelings concerning family relations in the context of a survey interview is an open question. In this connection, it is noteworthy that results from focus group discussions in Myanmar with older persons more or less mirror those in the survey, with positive views being expressed more commonly than negative or mixed views.⁷ Presumably the open-ended nature of focus group discussions allows for less-constrained

TABLE 9. Perception of grandchild care as burden among persons 60 and older, by presence or absence of grandchild's parents, Myanmar and Vietnam

	Grandchildren under current/ recent care ¹			Grandchildren ever cared for with parents absent ³
	All	With parent present in household or locality ²	With parents outside household or locality ²	
	<i>Percentages</i>			
Myanmar:				
Mostly enjoyed	73.1	74.6	60.1	74.5
Mostly a burden	5.4	5.6	5.4	6.4
Both enjoyed and a burden	21.5	19.8	34.5	19.2
Total	100	100	100	100
N of cases (unweighted)	1,290	1,055	145	582
Vietnam:				
Not a physical burden	26.4	26.4	25.9	NA
Only a little burden	27.3	27.1	29.6	NA
Somewhat of a burden	34.5	33.5	37.0	NA
Considerable burden	11.8	13.0	7.4	NA
Total	100	100	100	–
N of cases (unweighted)	968	784	108	220

Notes: Results for Vietnam refer only to grandchildren under age 10. The question for Vietnam refers to care as a physical burden. Parents present include only those co-resident in the household for Myanmar and but for Vietnam includes those living nearby. Information for Thailand is not available (NA). 1. Vietnam results for current care refer to grandchildren cared for by respondent or spouse during the past 12 months, some of whom may no longer be under their care. 2. Excludes cases in which care is provided to both grandchildren with present and with absent parents and those with deceased parents. 3. Absent means not in household or locality for Myanmar and Vietnam.

Sources: 2012 Myanmar Survey of Older Persons; 2011 Viet Nam Aging Survey; 2011 Survey of Older Persons in Thailand.

statements of opinions than responses to a close-ended survey question and thus add credibility to the survey results.

The finding that grandparenting tended not to be viewed as a burden gains additional credibility from the fact that older persons in all three countries who currently care for grandchildren are more likely than those who do not to say they are not lonely as well as to say that they are happy (results not shown).⁸ Even though causality between grandchild care and these measures cannot be implied from these associations, it is at least interesting that they are in contrast to numerous studies in the USA that indicate that older persons who are responsible for care of grandchildren are more likely to be depressed than other older persons (Musil 2000; Musil *et al.* 2011, 2013; Population Reference Bureau 2011).

Conclusions

In Myanmar, Vietnam and Thailand, substantial proportions of persons 60 and older live in households with co-resident grandchildren and commonly provide grandparental care. By doing so, the grandchild's parents are far freer to pursue economic activities outside the household, including both those that co-reside and those that migrated to work elsewhere. Thus, these results document one of the most important services older persons provide to their families and underscore a critical aspect of productive ageing. In most cases, the grandchild's parents are co-resident but whether present or absent, they rather than the grandparents are usually the main source of the grandchildren's financial support. In addition, most grandparents that provide care do not consider it a serious burden. They also are less likely to feel lonely and more likely to indicate they are happy than older persons in general. Moreover, grandparent–grandchild exchanges are not just one-directional. Older co-resident grandchildren often contribute to household material support and help with household chores. Among older persons that receive assistance with their activities of daily living, if grandchildren are present they often help provide the assistance.

Underlying these similarities is the widespread acceptance throughout the region of reciprocal intergenerational obligations between parents and children. This includes co-residence of older persons with their adult children as part of the arrangement. Although declining, co-residence is still common in all three countries and intergenerational obligations remain strong, even as they are adapted to changing circumstances (Chan 2005; Croll 2006; Knodel 2014). As others have described, grandparental care patterns in various Asian countries contrast in important ways to those in the West, especially the USA (Arber and Timonen 2012; Baker and Silverstein 2012). Many of these same contrasts with the West hold for the three countries under study, underscoring the importance of cultural context on the prevalence and nature of grandparenting.

In contrast to the broad influence of the regional cultural context that underlies the similarities among the three countries, the results also illustrate that recent demographic trends and the levels of development in interaction with each other serve as major conditioners of grandparental care and account for a substantial share of the observed differences. Together they operate by affecting the numbers of grandchildren available, the extent of migration of adult children and the living arrangements of older persons.

All three countries have experienced substantial declines in fertility brought about in part through socio-economic development which also influenced their timing and pace. Adult children of the older generation are

having small families thereby reducing the number of grandchildren available for whom older persons can provide care. Moreover, cohorts that have recently entered later life were in their reproductive years during the early stages of fertility decline. As a result, the number of adult children of successive cohorts that recently entered older age has declined, contributing further to the reduced availability of grandchildren. However, the timing and extent of fertility decline in the three countries differed, with fertility falling earliest, fastest and furthest in Thailand. Thus, the reduction in family sizes among Thais entering later life during recent years is far more pronounced than in the other two countries. These differences in past fertility trends among the three countries help account for why percentages of older persons in Thailand that have co-resident grandchildren and particularly ones that are young are the lowest.

While differences in economic development likely contribute indirectly to differences in the fertility trends, they are much closer linked to differences in the levels of migration of adult children. Throughout the developing world, economic development generates modern-sector jobs that stimulate migration of young adults, especially from rural areas, seeking employment opportunities. This in turn affects the living arrangements of older persons, who generally remain in the place of origin, by contributing to a reduced presence of adult children in their households or living nearby. At the same time, migration generates a need for custodial care for the grandchildren whose parents leave but are unable to take them with them.

As already noted, the percentage of adult children that migrated is by far the highest among older persons in Thailand and by the far lowest in Myanmar in accordance with the sharp differences in their levels of economic development. Thus, although skip-family households are uncommon in all three countries, in accordance with levels of development they are by far most common in Thailand and least in Myanmar. Through generating higher-paid employment, development also contributes to the ability of the grandchildren's parents, including those who left their children in the grandparents' custodial care, to be the primary source of grandchildren's material support.

The situation in the future is sure to change. Given the recent ongoing transformation of the political system in Myanmar and the opening up of the country to the world economy and foreign investment, the potential for rapid economic growth and other changes is very high (Park, Khan and Vandenberg 2012). This very likely will result in increased migration in response to expanding employment opportunities and improved standards of living. Likewise, there is little reason to doubt that socio-economic development will continue in both Vietnam and Thailand and contribute to

increased migration of adult children of older persons although the disjuncture with the past is unlikely to be as prominent as in Myanmar.

Relevant demographic changes in all three countries are easier to predict. It is inevitable that the average number of children of older persons will decline over the next few decades as cohorts with fewer children enter older ages and those characterised by larger families die out. Moreover, the decreased number of adult children of the future cohorts of older people will themselves likely be characterised by smaller families. Together these trends will result in substantially decreased availability of grandchildren, thus lowering the prevalence of grandparental care among the older population. The combined impact on the extent of custodial care of grandchildren with absent parents is less certain given that increased migration and reduced fertility have countervailing implications. In Thailand, where these trends have progressed furthest, skip-generation families increased noticeably between 1994 and 2007 but declined modestly in 2011. Apparently in the last few years the impact of fertility decline more than counteracted the increased migration of adult children (Knodel, Prachuabmoh and Chayovan 2013). This decline may well continue in the future and possibly portend eventual decline in skip-generation households in the other two countries as well.

Croll (2006) has argued that despite substantial development, the inter-generational contract through which adult children fulfil filial obligations to their older-age parents remain strong. However, it is maintained through a process of renegotiation in which the exchange of services between the two generations, including grandchild care, plays an increasingly essential role. Rising employment in the modern sector has heightened the need for assistance with the care of young children among working-age adults. By providing such care older persons reinforce the sense of obligation on the part of their adult children to provide care and support in old age. Given that demographic trends are almost certain to decrease the availability of grandchildren and possibly the need for grandparental care, how this may affect the ongoing renegotiation and reinterpretation of the inter-generational contract in the coming decades remains an open question.

The present analysis has a number of limitations. Grandparental care was only one of many topics covered by the surveys, thus limiting the amount of information collected. Moreover, responses were recorded in pre-coded categories and may not capture nuances or complexities of particular answers. In addition, as pointed out with regards to the perceived burden of grandchild care, straightforward questions such as contained in the surveys may encourage normatively preferred responses. Intra-national variation, including regional differences, is beyond the scope of the present study and thus not covered. Also, while the surveys provide nationally representative

results, the number of respondents from any particular ethnic or religious minority is typically insufficient to permit reliable results for them as separate categories. Thus, it is not possible to determine if they differ from the mainstream population in a particular country or if particular ones that are present in more than one of the countries share distinctive patterns. Clearly there is considerable room for expanding our understanding of grandparents and their relations with grandchildren both through qualitative approaches and through surveys specifically focused on the topic as well as ones covering larger samples of minorities.

In conclusion, in the case of the three South-Eastern Asian countries, differences in recent demographic trends and levels of development help account for differences in various aspects of grandparent care. Comparative studies of grandparenting likely will benefit by including these important aspects of the societal context in the conceptual frameworks guiding their research and paying explicit attention to them in their analyses.

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NOTES

- 1 The SOPT and VNAS also covered persons 50–59 but they are not included in the present study.
- 2 Due to differences in the questionnaires, it is not possible to determine whether children live in a different province from their parents for Myanmar while for Thailand it is not possible to determine whether children live in a different district from their parents. Only for Vietnam can both be determined.
- 3 In Myanmar, the question was asked only in regards to members at least age 14. No equivalent question was asked in the Thai survey.
- 4 For example, according to the *2013 Human Development Report* (United Nations Development Programme 2013), the most recent gross enrolment ratios for secondary and tertiary education in Myanmar are 54 and 11 compared to 77 and 22 in Vietnam.
- 5 In Thailand, 41 per cent compared to 36 per cent of children of rural *versus* urban persons 60 and older live in a different province (Knodel, Prachuabmoh and Chayovan 2013). In Myanmar and Vietnam, not only have fewer children migrated overall but migration is more common among those of urban than rural parents (original tabulation by authors).

- 6 Results are based on all respondents 60 and older, including those with no grandchildren since information as to whether respondents had grandchildren is unavailable for Thailand.
- 7 This issue was raised in 12 focus groups of older persons conducted by the survey organisation in a subset of survey sites. The results reported here are based on unpublished summary reports prepared by that organisation.
- 8 Results for Myanmar refer to caring for a grandchild of any age and for Vietnam and Thailand to grandchildren under age 10.

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