Dr. Paul Jacob
Assistant Professor of English
St. Aloysius College, Edathua,
Alappuzha, Kerala, India

Cross-cultural perspectives on the sandwich generation: A comparative psychological study of Kerala Christian families and Australian culture

Paul Jacob

Abstract
This study investigates the psychological experiences of the sandwich generation, defined as individuals simultaneously caring for ageing parents and dependent children. This dual role is often demanding, costly, and emotionally challenging. Globally, this demographic is expanding due to increased life expectancy and delayed childbearing. Members commonly face chronic stress, emotional exhaustion, and burnout from balancing multiple responsibilities. This pressure is linked to higher rates of depression and anxiety. Caregivers frequently feel guilt and inadequacy, struggling to fulfil their roles for both generations. Limited personal time can negatively impact relationships and cause family disagreements. The research conducts a comparative analysis between Kerala Christian families in India and Australian culture, offering insights into how differing cultural values shape their experiences. Kerala is transitioning to an increasingly geriatric society with strong traditional elder care, while Australia, more individualistic, relies on formalised aged care. The study scrutinises differences in caregiving responsibilities, mental health, financial implications, and coping strategies, contrasting filial piety with formal/informal support systems. It highlights cross-cultural implications for well-being and proposes culturally sensitive interventions.

Keywords: Sandwich generation, cross-cultural psychology, caregiving responsibilities, mental health, filial piety, Kerala Christian families, Australian culture, intergenerational support

Introduction

Defining the Sandwich Generation and its Global Prevalence

The term "sandwich generation" refers to young to middle-aged adults who are simultaneously raising children and supporting their ageing parents (Koudelka & Jarošová, 2024) [5]. More precisely, this demographic includes individuals who have a parent aged 65 or older and are either raising at least one child younger than 18 or providing financial support to an adult child (Horowitz, 2022) [29]. This dual caregiving role is frequently described as demanding, costly, and emotionally challenging (Burke & Calvano, 2017) [9].

Globally, estimates suggest that between 10% and 20% of adults fall into this category, with variations depending on the specific definition and variables employed in studies (DuPage Senior Council, 2024) [18]. In the United States, approximately a quarter of adults (23%) are identified as part of the sandwich generation (Horowitz, 2022) [29]. The expansion of this demographic is largely attributable to factors such as increased life expectancy, which means parents live longer and require more care; delayed childbearing, leading to an overlap between child-rearing and elder care; and smaller family sizes, which reduce the number of siblings available to share caregiving responsibilities (Pierret, 2006) [48].

1.2. Rationale for Cross-Cultural Comparison: Kerala Christian Families vs. Australian Culture

Cultural context plays a profound role in shaping caregiving experiences, influencing societal norms, expectations, and the availability of support systems (American Psychological Association, n.d.) [2]. A comparative analysis between a collectivist society like India, characterised by strong traditions of filial piety and joint family structures, and a more individualistic Western society such as Australia, offers invaluable insights into how differing cultural values mediate the challenges and coping mechanisms of the sandwich

Corresponding Author:
Dr. Paul Jacob
Assistant Professor of English
St. Aloysius College, Edathua,
Alappuzha, Kerala, India

generation (Chen & French, 2020; Ghayour-Mobarhan & Kazemi, 2022; Van de Vijver & Leung, 2011) [12, 25, 68]. The global prevalence of the sandwich generation, while a demographic reality, is experienced in ways that are deeply shaped by specific cultural values and societal structures. This implies that universal solutions may not be effective, necessitating culturally tailored approaches. The often-unseen strain of caregiving becomes more apparent through such cross-cultural examinations, revealing how different societies internalise and manage this shared challenge.

Kerala, a state in southern India, is undergoing a significant demographic transition towards an increasingly geriatric society (Syro-Malabar Vision, 2025) [60]. This shift is driven by enhanced longevity, declining birth rates (influenced by widespread family planning and women's socio-economic advancement), and a substantial emigration of younger generations seeking opportunities abroad. As of the 2011 census, 12.6% of Kerala's population was elderly, a proportion that continues to rise (Syro-Malabar Vision, 2025) [60]. This demographic evolution places unique pressures on families, including the Christian communities in Kerala, which traditionally uphold strong familial bonds and deeply ingrained elder care principles (CNEWA, n.d.; Premier Nexgen, n.d.) [13, 49].

In parallel, Australia also faces an ageing population and a growing sandwich generation (Jayamanne, 2025) [33]. However, this occurs within a distinct sociocultural framework that typically emphasises individual independence and a more formalised aged care service sector (Australian Institute of Family Studies, n.d.) [4-5]. By contrasting these two contexts, this study aims to illuminate the diverse psychological landscapes of the sandwich generation.

Research Questions and Objectives

This study aims to address the following research questions:

1. How do demographic trends and cultural norms of caregiving differ between Kerala Christian families and Australian culture, and how do these influence the prevalence and characteristics of the sandwich generation?
2. What are the comparative psychological and financial burdens experienced by the sandwich generation in Kerala Christian families versus Australian culture?
3. How do traditional support systems, filial piety, and coping strategies vary between these two cultural contexts, and what are their implications for caregiver well-being?

Literature Review: The Sandwich Generation Phenomenon
Psychological Impacts

The psychological toll on the sandwich generation is extensive and multifaceted. Caregivers in this demographic frequently report chronic stress arising from the constant demands of managing multiple responsibilities, which can culminate in emotional exhaustion and severe caregiver burnout (Sudarji *et al.*, 2024) [59]. This is particularly evident for individuals dedicating over 20 hours per week to caregiving, who experience a significant decline in both mental and physical health (University College London, 2025) [65].

Research consistently indicates elevated rates of depression and anxiety among sandwich generation caregivers (Lei *et al.*, 2024) [37]. A recent global survey highlighted that more than half of the sandwich generation is at a high risk of burnout, with a striking 64% screening positive for depression and anxiety (Pharm Exec, 2025) [47]. In the United Kingdom, 70% of sandwich carers have reported that their emotional well-being has been adversely affected by their caregiving responsibilities (Centre for Policy on Ageing, 2015) [11].

A pervasive feeling among many caregivers is guilt and inadequacy, arising from the inability to dedicate sufficient time or energy to either their ageing parents or their dependent children (MHA National, n.d.) [44]. This often leads to a sense of failing to meet personal standards in both caregiving and parenting roles (Guardian Life, n.d.) [28]. The emotional strain is further compounded by grief and emotional distress, including anticipatory grief, as caregivers witness the decline and eventual passing of their parents (Therapy Group DC, 2024) [62].

The demanding nature of these roles frequently results in minimal personal time, which can lead to social isolation and feelings of loneliness (Burke & Calvano, 2017) [9]. This lack of personal time also negatively affects friendships and marital relationships, as opportunities for quality time with significant others diminish (Burke & Calvano, 2017) [9]. Furthermore, providing care for an ageing parent can be a source of family discord, leading to disagreements among siblings regarding care decisions, financial responsibilities, and even resurfacing unresolved childhood disputes (Burke & Calvano, 2017) [9].

Interestingly, despite the immense responsibilities and psychological strains detailed, some members of the sandwich generation report high satisfaction with their family life. For instance, nearly half (48%) of sandwiched adults express being very satisfied with their family life, compared to 43% of other adults. This difference is even more pronounced among those in their 40s, with 49% of sandwiched adults reporting high satisfaction versus 38% of their non-sandwiched peers (University of Michigan, 2022) [66]. This apparent contradiction high responsibility coupled with high family life satisfaction suggests that caregiving, despite its difficulties, can be a profound source of meaning and purpose, viewed as an expression of love and familial responsibility. It is possible that effective coping mechanisms or a redefinition of personal success, focusing on the act of "being there" for loved ones, contribute to this positive outlook. This highlights that psychological interventions should not only aim to alleviate responsibilities but also to enhance the positive aspects of caregiving and foster resilience by leveraging these intrinsic motivations.

Financial and Time Management Challenges

The financial implications for the sandwich generation are substantial. Raising children alone is a significant expense; a Brookings Institute study estimated that parents would spend an average of $310,605 to raise a child born in 2015 (Willow Brook, n.d.) [70]. Caregiving responsibilities add considerably to this financial burden, with 80% of caregivers reporting regular out-of-pocket expenses related to looking after their loved ones (With Grayce, n.d.) [69]. A notable 32% of sandwich generation members provide financial support to both their parents and children (ETV Bharat, 2025) [20]. To cover these costs, many resort to using personal funds (41%), income from the cared-for individual

(28%), or withdrawing from emergency savings (28%) (ETV Bharat, 2025) [20]. In India, 60% of the sandwich generation expresses concerns that their savings and investments are insufficient for their future (Rai, 2025) [52].

Caregiving responsibilities frequently have a detrimental effect on careers. A 2023 study found that 67% of caregivers struggle to balance their jobs with their caregiving duties (Family-Friendly Workplaces, 2025) [24]. This often leads to significant career adjustments: 27% of working caregivers shift from full-time to part-time work, 16% decline promotions, and 16% cease working entirely for a period (Family-Friendly Workplaces, 2025) [24]. The cumulative effect of these career disruptions is substantial, with organisations in the U.S. reportedly losing over $44 billion annually in productivity due to caregiving responsibilities (Family-Friendly Workplaces, 2025) [24].

Effective time management is a critical challenge, as individuals are constantly managing parenting, elder care, and professional obligations, leaving minimal personal time (Song, n.d.) [57]. On average, sandwich generation caregivers spend between 20 to 30 hours per week on caregiving activities (Slideshare, n.d.) [55]. The continuous demands and complex logistical coordination, such as managing appointments and household tasks, can feel overwhelmingly difficult to handle.

Coping Strategies and Support Mechanisms
To navigate these multifaceted challenges, the sandwich generation employs various coping strategies. Prioritising self-care, which includes scheduling "me time" for activities like exercise, mindfulness, hobbies, or meditation, is identified as crucial for maintaining mental health (Lestari & Setiawan, 2023) [38]. Seeking support from various networks is equally vital; this includes reaching out to siblings, friends, church communities, or formal support groups (Ministry Architects, n.d.) [43]. Professional therapy or counselling can also provide a safe and structured environment for processing emotions and developing adaptive strategies (Therapy Group DC, 2024) [62].

Effective communication and boundary setting are essential for managing family dynamics. This involves honest and direct communication with family members, setting realistic expectations, and delegating tasks where possible (Therapy Group DC, 2024) [62]. Regular family meetings can be instrumental in coordinating care, distributing responsibilities, and ensuring everyone is aligned on commitments.

Psychological research categorises coping strategies into two main types: problem-focused and emotion-focused (Sudarji et al., 2024) [59]. Studies indicate that sandwich generation caregivers utilise both, though emotion-focused strategies are often more prevalent (Sudarji et al., 2024) [59]. Emotion-focused strategies include distancing oneself from the stressful situation, engaging in self-soothing activities, and accepting responsibility for the caregiving role (Sudarji et al., 2024) [59]. Problem-focused strategies involve more direct approaches such as confrontative coping, actively seeking informational support, and engaging in planned problem-solving (Sudarji et al., 2024) [59]. Ultimately, self-care and leveraging social resources are consistently highlighted as critical for significantly reducing caregiving responsibilities (Del-Pino-Casado et al., 2018) [14].

Cultural Contexts of Caregiving
Kerala Christian Families
Kerala, a state in India, is undergoing a profound demographic transformation, rapidly transitioning into an increasingly geriatric society (Syro-Malabar Vision, 2025) [60]. This shift is primarily driven by a combination of enhanced longevity, declining birth rates influenced by widespread adoption of family planning measures and the socio-economic advancement of women and a significant emigration of its younger population seeking opportunities abroad (Syro-Malabar Vision, 2025) [60]. As per the 2011 census, 12.6% of Kerala's population was elderly, a percentage that continues to rise, placing increasing financial strain on families and government systems due to rising pension and healthcare expenditures (Syro-Malabar Vision, 2025) [60].

Within this context, Christian families in Kerala traditionally adhere to a strong ethos of elder care (CNEWA, n.d.) [13]. Biblical teachings emphasise the importance of honouring and caring for the elderly, underscoring family solidarity and the wisdom derived from elders (Grissom, n.d.) [27]. Scriptures such as Ephesians 6:1-3 ("Children, obey your parents in the Lord, for this is right. 'Honour your father and mother.'") and Matthew 19:19 ("Honour your father and mother, and love your neighbour as yourself.") reinforce this moral obligation to uphold the dignity and well-being of ageing parents (Premier Nexgen, n.d.) [49]. This duty extends beyond personal responsibility, encompassing a broader societal ethic.

Filial Piety ("Seva") and Joint Family System
The concept of filial piety is deeply ingrained in Indian culture, where it is often referred to as "seva" (Jahangir et al., 2024; Udalagama, 2024) [32, 64]. Akin to the Chinese concept of "Xiao," "seva" denotes "long-term bonds of intergenerational reciprocity and affection" (Diwan et al., 2011) [16], where younger generations provide care for their senior parents in return for the efforts and love expended during their upbringing (Diwan et al., 2012) [17]. This encompasses financial, instrumental, and emotional support (Jahangir et al., 2024) [32]. The traditional Christian joint family system in Kerala is considered an exemplary model for elder care, viewing ageing as a sign of divine favour and caregiving as a means to connect generational wisdom with younger generations (Syro-Malabar Vision, 2025) [60]. Within this traditional structure, ageing parents are more likely to receive care from their adult children than from formal support services. The cultural acceptance of conditions like dementia as part of normal ageing may also contribute to a higher tolerance for symptoms among caregivers, potentially influencing their perception of responsibility (Mekala et al., 2013) [42].

Intergenerational Support Patterns and Challenges
In Kerala Christian families, adult children recognise their filial duties and responsibilities to provide care for their parents, while older parents, in turn, often contribute by providing cultural upbringing and care for their grandchildren (Jahangir et al., 2024) [32]. This reciprocal exchange of care serves as a strong motivator for adult children to be primary caregivers.

However, the significant emigration of young adults for employment has led to the fragmentation of traditional family structures, creating a substantial void in elderly care (Syro-Malabar Vision, 2025) [60]. This physical absence of the emigrant child creates a "care gap," leading to increased psychological distress, loneliness, and a sense of neglect among older adults who are left behind (Syro-Malabar

Vision, 2025) [60]. This situation presents a tension between deeply ingrained cultural values and modern socioeconomic realities. While the ideal of filial piety remains strong, the functional capacity of traditional structures to provide care is strained. The psychological impact extends to both the older generation, who may feel neglected despite cultural norms, and the sandwich generation, who might experience guilt or pressure from afar.

The Christian Church in Kerala plays an integral role in addressing these emerging needs by providing initiatives such as residential shelters, free medical services, volunteer outreach programmes, and spiritual support through prayers and pastoral visits (CNEWA, n.d.) [13]. These services become increasingly critical as traditional family support systems face new pressures.

Australian Culture

Australia is also experiencing a "demographic time bomb" characterised by a growing sandwich generation (Jayamanne, 2025; O'Connor *et al*., 2025) [33, 46]. Key contributing factors include rising life expectancy, which means elderly individuals may experience more years with chronic illnesses requiring care; the delayed financial independence of young adults, extending the period of parental support; and later family formation, leading to an overlap between child-rearing and the increasing care needs of ageing parents (Jayamanne, 2025) [33].

Australian family structures are evolving. While 69% of Australian children still reside in couple-parent families, over 30% live in non-conventional arrangements such as single-parent, step/blended, or multigenerational households (UNSW, 2024) [67]. Notably, multigenerational families exhibit the highest utilisation of informal care for children before they start school, with 70% relying on such arrangements (DHS South Australia, 2025) [15]. Informal caregiving is significant across the general population, with approximately 1 in 10 Australians (2.6 million people) providing unpaid care to family members, friends, or neighbours (Australian Human Rights Commission, n.d.) [3]. This unpaid work is often physically and emotionally demanding (Centre for Big Data Research in Health, n.d.) [10].

Culturally, Australia generally does not hold the same expectation as collectivist societies that adult children or grandchildren should bear the primary responsibility of caring for older people; outsourcing care is a common and accepted practice (Seniors Rights Victoria, n.d.) [53]. There is a strong preference among older Australians for home-based care over institutionalised facilities, largely due to concerns about quality and safety (Al-Rubaiee *et al*., 2025) [1]. Regarding filial responsibility, studies comparing Australia with more collectivist cultures like Singapore indicate a lower emphasis on authoritarian filial piety in Australia, reflecting a cultural preference for individual freedom and autonomy in decision-making (Li *et al*., 2021) [39]. However, for some Australians, a high sense of authoritarian filial piety has been linked to increased palliative care knowledge, suggesting a duty-bound approach to ensuring a "good death" for their parents (Li *et al*., 2021) [39].

Societal and Workplace Impacts

Caregiving in Australia is a disproportionately female experience. The 2022 Household, Income and Labour Dynamics in Australia (HILDA) survey revealed that 10.3% of females over 15 years old provide unpaid care, compared to 6.3% of males (Jayamanne, 2025) [33]. Women aged between 50 and 69 constitute the largest group of unpaid, ongoing caregivers, with over 12% in this age bracket providing care for a person with a disability or an older person (Jayamanne, 2025) [33]. This substantial responsibility often comes at the expense of women's financial security and career progression.

The discrepancy between the cultural norm of outsourcing care and the reality of women disproportionately undertaking informal care responsibilities creates a unique set of psychological burdens. This situation can lead to a lack of recognition or validation for the care provided, potentially intensifying feelings of isolation or being unsupported, unlike in collectivist cultures where caregiving is explicitly valued (McCann *et al*., 2019) [41]. This phenomenon, where the societal norm of outsourcing inadvertently conceals the extent of informal caregiving, particularly by women, highlights a need for greater societal and workplace support for these caregivers.

Workplaces in Australia often operate with outdated structures and rigid policies that do not align with the realities of modern caregiving (Family-Friendly Workplaces, 2025) [24]. This misalignment contributes to significant employee turnover, with nearly 1 in 3 employees considering leaving their jobs due to difficulties in combining work and caring responsibilities (Family-Friendly Workplaces, 2025) [24]. Consequently, the implementation of family-friendly policies, such as flexible work arrangements and expanded carer's leave, has become crucial for employee retention and maintaining productivity (Family-Friendly Workplaces, 2025) [24].

Despite substantial government investment in aged care (AUD 24.8 billion in 2021–22), the Australian aged care system faces persistent challenges, including insufficient funding, significant workforce shortages (projected to decline by over 110,000 workers by 2030), and difficulties in adopting emerging technologies (Al-Rubaiee *et al*., 2025) [1]. Concerns regarding quality and safety, along with disparities in access, particularly for Culturally and Linguistically Diverse (CALD) populations, continue to hinder the system's effectiveness (Al-Rubaiee *et al*., 2025; ELDAC, n.d.; Lim *et al*., 2023) [1, 19, 40].

Comparative Analysis: Psychological and Sociocultural Dynamics

To provide a comprehensive comparative understanding, the following tables summarise key demographic characteristics, psychological impacts, and cultural norms related to caregiving in Kerala Christian families and Australian culture.

Caregiver Responsibility and Mental Health Outcomes

A direct comparative study focusing on caregivers of Frontotemporal Dementia (FTD) patients in India and Australia revealed notable similarities and differences in their experiences. Overall levels of perceived carer responsibility were not significantly different between the two countries, with 61.3% of Indian carers and 55.3% of Australian carers reporting high levels of responsibility. This apparent equivalence in reported responsibility, however, conceals a significant disparity in the objective caregiving effort. Indian carers provided substantially more hours of direct care per week (an average of 101.4 hours)

compared to their Australian counterparts (64.2 hours per week), a statistically significant difference ($p < 0.01$). Furthermore, the Indian patients in the study exhibited higher dementia severity (Mekala *et al.*, 2013) [42]. This phenomenon, where overall perceived responsibility remains similar despite a greater objective effort, suggests a different cultural threshold for what constitutes "responsibility" or a higher baseline acceptance of caregiving as a natural duty in the Indian context. This may be attributed to the strong cultural and religious emphasis on filial piety ("seva") and the traditional joint family system, which normalise extensive caregiving efforts.

Regarding specific mental health outcomes, no significant differences were observed in the levels of depression and stress between Indian and Australian FTD carers (Mekala *et al.*, 2013) [42]. For the broader sandwich generation globally, a survey indicated that 64% screened positive for depression and anxiety (Pharm Exec, 2025) [47]. In the UK, 70% of sandwich carers reported that their emotional well-being was affected (Centre for Policy on Ageing, 2015) [11].

However, a critical distinction emerged in anxiety levels. Indian FTD carers reported significantly higher levels of anxiety compared to Australian carers ($p < 0.05$), with 35.5% of Indian carers experiencing high anxiety versus 20% of Australian carers. This higher anxiety among Indian caregivers, despite similar overall responsibility, may stem from a lack of formal support systems and a cultural tendency to internalise symptoms. In India, caregiver responsibility was strongly associated with depression, anxiety, and stress (r=0.812, 0.638, 0.701 respectively, all $p<0.001$), but notably, it was not associated with dementia severity (p=0.785). This indicates that for Indian caregivers, their emotional state is a stronger determinant of perceived responsibility than the objective severity of the patient's condition. This contrasts with Australia, where responsibility was significantly associated with stress, depression (all $p<0.001$), and to a lesser extent, dementia severity (Mekala *et al.*, 2013) [42]. The acceptance of dementia symptoms as "normal ageing" in India, coupled with limited public old-age support systems, may lead to less recognition of these symptoms as requiring external intervention, thereby leaving caregivers with fewer resources or skills to manage the associated stress, which manifests as higher anxiety. This highlights an "anxiety-resource gap" in the Indian context, where cultural norms may inadvertently prevent caregivers from seeking external help for their own mental health needs.

Filial Piety and Support Systems: Informal vs. Formal Filial Piety

The concept of filial piety significantly shapes caregiving expectations and practices in both cultures, albeit with distinct interpretations. In India, particularly within Kerala Christian families, there is a profound emphasis on "seva" and filial devotion, deeply rooted in religious and cultural traditions (Jahangir *et al.*, 2024; Syro-Malabar Vision, 2025) [32, 60]. This cultural norm creates a strong expectation for adult children, especially sons, to provide care and often co-reside with their ageing parents (Diwan *et al.*, 2011; Jahangir *et al.*, 2024) [16, 32]. The cultural acceptance of conditions like dementia as a natural part of ageing may contribute to a higher tolerance for symptoms, potentially explaining why Indian caregivers, despite providing more hours of care, report similar overall responsibility levels to

Australian caregivers (Mekala *et al.*, 2013) [42]. This suggests that the cultural framing of caregiving as a sacred duty can influence the perception and reporting of responsibility.

In contrast, Australian culture places a lower emphasis on authoritarian filial piety compared to collectivist societies (Li *et al.*, 2021) [39]. The prevailing cultural value leans towards individual autonomy and independence (Australian Institute of Family Studies, n.d.) [4-5]. Despite this, a study comparing Singapore and Australia found that for some Australians, a high sense of authoritarian filial piety was linked to increased palliative care knowledge (Li *et al.*, 2021) [39]. This indicates a sense of duty to ensure a "good death" for their parents, even if the general cultural expectation is not one of absolute obedience or co-residence. This nuanced understanding of filial responsibility in Australia highlights that while the overt cultural expression may differ, underlying duties can still influence caregiving behaviours.

Support Systems

The nature of support systems differs significantly between the two contexts. Kerala Christian families, and the broader Indian society, traditionally rely heavily on informal family care within joint family structures (Jahangir *et al.*, 2024) [32]. The limited availability of public old-age support systems makes familial support particularly crucial (Syro-Malabar Vision, 2025) [60]. The Christian Church in Kerala plays a supplementary, yet vital, role by offering formal support through residential shelters, free medical services, and spiritual care (CNEWA, n.d.) [13].

Australia, on the other hand, has a more developed, albeit strained, formal aged care service system, though there is a strong preference among older Australians for home-based care (Al-Rubaiee *et al.*, 2025) [1]. While informal care remains significant, with approximately 1 in 10 Australians providing such support (Australian Human Rights Commission, n.d.) [3], the societal norm allows for the outsourcing of care. Challenges persist in accessing culturally appropriate services for Culturally and Linguistically Diverse (CALD) populations in Australia, indicating a gap in meeting the needs of diverse communities within the formal system (ELDAC, n.d.; Lim *et al.*, 2023) [19, 40].

Coping Mechanisms and Perceived Support

Across cultures, sandwich generation caregivers employ both emotion-focused and problem-focused coping strategies to manage their responsibilities (Sudarji *et al.*, 2024) [59]. Emotion-focused strategies, such as distancing from the situation, self-soothing through spiritual matters or engaging in favourite activities, and accepting responsibility, are often more prevalent (Sudarji *et al.*, 2024) [59]. Problem-focused strategies include confrontative coping, actively seeking informational support, and engaging in planned problem-solving (Sudarji *et al.*, 2024) [59]. Self-care and utilising social resources are consistently identified as crucial for reducing caregiving responsibilities (Del-Pino-Casado *et al.*, 2018) [14].

Cultural nuances, however, influence the application and effectiveness of these strategies. In India, the deeply ingrained cultural obligation of "seva" may lead to the acceptance of responsibility becoming a primary coping mechanism, as caregiving is viewed as a religious and moral

duty (Jahangir *et al*., 2024; Udalagama, 2024) [32, 64]. The higher anxiety observed in Indian caregivers, despite similar overall responsibility, may stem from a lack of readily available formal resources or skills to manage symptoms that are culturally normalised as part of "normal ageing" (Mekala *et al*., 2013) [42]. For employed Indian women, support from husbands or domestic help has been shown to significantly reduce stress (Ugwu, 2015) [63].

In Australia, studies on sandwich generation women highlight coping strategies such as "living with integrity," "repressing perfectionism," and "nurturing social connection" (Gillett & Crisp, 2017) [26]. Avoidance-focused coping was found to be associated with higher positive affect for those reporting lower stress (Gillett & Crisp, 2017) [26]. The cultural emphasis on individual independence might lead to less overt seeking of informal support, potentially intensifying feelings of isolation if formal services are inadequate or not readily accessed. This suggests that while general coping mechanisms exist, their specific manifestation and efficacy are deeply intertwined with cultural values and the availability of external support.

Discussion
Interpretation of Findings in Light of Cultural Differences
The comparative analysis demonstrates that while the phenomenon of the sandwich generation is globally recognised, its psychological and social manifestations are profoundly shaped by distinct cultural contexts. The strong influence of filial piety and the traditional joint family system in Kerala Christian families fundamentally contrasts with Australia's more individualistic approach to elder care (Falzarano *et al*., 2022) [23]. This difference establishes divergent expectations regarding caregiving roles and responsibilities.

The reliance on informal, family-based care in India, intensified by limited public support systems (Syro-Malabar Vision, 2025) [60], directly translates into significantly higher direct care hours for Indian caregivers compared to their Australian counterparts (Mekala *et al*., 2013) [42]. This disparity in objective effort, despite similar reported overall responsibility, indicates cultural variations in how "responsibility" is perceived and expressed. It is plausible that a higher cultural acceptance of caregiving as an inherent duty in India, rooted in religious and familial obligations, leads to a different internal calibration of what constitutes an overwhelming load. Conversely, in Australia, where the cultural norm permits outsourcing, the perceived responsibility might be more readily reported even with fewer direct care hours, as the expectation of extensive personal sacrifice is lower.

The experience of caregiving is also distinctly gendered in both contexts. While women globally tend to be primary caregivers (Purba *et al*., 2023) [51], the specific societal and workplace implications vary. In Australia, the disproportionate responsibility on women conflicts with a cultural norm that encourages outsourcing care (Jayamanne, 2025) [33]. This can lead to a lack of societal recognition for their informal care efforts, potentially intensifying feelings of isolation and significantly affecting their careers (McCann *et al*., 2019) [41]. In India, while women are also primary caregivers (Kumar & S. H. A., 2024) [36], the cultural expectation of family care might mean their responsibility is more integrated into traditional roles, yet it

still results in considerable stress and emotional strain (Kumar & S. H. A., 2024) [36].

Implications for Psychological Well-being and Family Dynamics
Both cultural contexts demonstrate significant mental health vulnerabilities within the sandwich generation, including elevated levels of stress, anxiety, depression, and burnout (Kumar & S. H. A., 2024; Lei *et al*., 2024) [36, 37]. However, the higher anxiety observed among Indian caregivers is a critical distinction (Mekala *et al*., 2013) [42]. This elevated anxiety, which appears decoupled from the objective severity of the patient's condition, is likely linked to the limited formal support systems available and a cultural tendency to normalise or internalise caregiving symptoms without seeking external professional help (Mekala *et al*., 2013; Rai, 2025) [42, 52]. This highlights a critical "anxiety-resource gap" in the Indian context, where cultural norms may inadvertently prevent caregivers from recognising and addressing their own mental health needs.

Family dynamics are also uniquely affected. In Kerala Christian families, the ideal of intergenerational solidarity and co-residence is increasingly strained by emigration, leading to a "care gap" and increased loneliness and psychological distress for older adults left behind (Syro-Malabar Vision, 2025) [60]. This creates a profound tension between deeply ingrained cultural values and modern socioeconomic realities. In Australia, the prevalence of diverse family structures and evolving caregiving norms can lead to complex family dynamics and potential conflicts over care responsibilities, even if the societal expectation is to outsource (UNSW, 2024) [67].

The impact on work-life balance is substantial in both cultures (Family-Friendly Workplaces, 2025) [24]. However, the mechanisms of this impact differ: in Australia, it is often driven by workplace inflexibility and a lack of supportive policies (Family-Friendly Workplaces, 2025) [24], whereas in India, it is more a consequence of the sheer volume and intensity of informal care responsibilities (Kumar & S. H. A., 2024) [36].

Conclusion
The analysis underscores that the sandwich generation is a pervasive global phenomenon, yet its psychological and social impacts are profoundly shaped by the cultural contexts in which it occurs. In Kerala Christian families, embedded within India's collectivist ethos and strong adherence to filial piety ("seva"), caregiving is characterised by extensive informal care hours, driven by deeply ingrained traditional and religious obligations. This often manifests as higher anxiety levels among caregivers, potentially intensified by a lack of formal support systems and a cultural tendency to normalise caregiving-related distress.

In contrast, Australian culture, being more individualistic, generally leans towards the outsourcing of elder care. However, despite this societal norm, women in Australia disproportionately undertake informal care, leading to distinct financial and career impacts. While the overall perceived responsibility of caregiving may be similar across both cultures, the underlying drivers and the specific manifestations of psychological distress vary significantly. Both cultures confront challenges related to work-life balance and mental health, but the interplay of demographic

shifts such as emigration of youth in Kerala and delayed financial independence of adult children in Australia with existing cultural norms creates unique and complex pressures on the sandwich generation.

References

1. Al-Rubaiee MA. Australia's aged care system: Challenges and reforms for a rapidly aging population. Frontiers in Public Health. 2025 Apr 11;13:1525988.
2. American Psychological Association. Cultural diversity and caregiving. [Internet]. [cited 2025 Nov 12]. https://www.apa.org/pi/about/publications/caregivers/faq/cultural-diversity
3. Australian Human Rights Commission. It's about time: Chapter 8 – Carers. [Internet]. [cited 2025 Nov 12]. Available from: https://www.humanrights.gov.au/our-work/disability-rights/publications/its-about-time-chapter-8-carers
4. Australian Institute of Family Studies. Families and cultural diversity in Australia. [Internet]. [cited 2025 Nov 12]. https://aifs.gov.au/topics/families-and-cultural-diversity-australia
5. Australian Institute of Family Studies. The modern Australian family. [Internet]. [cited 2025 Nov 12]. Available from: https://aifs.gov.au/facts-and-figures/australian-families/modern-australian-family
6. Australian Institute of Health and Welfare. Mental health: Overview of prevalence and impact of mental illness. [Internet]. [cited 2025 Nov 12]. https://www.aihw.gov.au/mental-health/overview/prevalence-and-impact-of-mental-illness
7. Bailie R. Scaling up a mental health intervention for family caregivers of people with disabilities in India: A qualitative process evaluation. BMJ Global Health. 2024 Jan 10;9(1):e075537.
8. Braithwaite J. Improving organisational culture in Australian residential aged care facilities: A mixed-methods research programme protocol. BMJ Open. 2024;14(9):e089293.
9. Burke RJ, Calvano L. The sandwich generation: Individual, family, organizational and societal challenges and opportunities. Cheltenham: Edward Elgar Publishing; 2017.
10. Centre for Big Data Research in Health. Understanding the impact of informal caregiving on the health trajectory of carers in Australia. UNSW. [Internet]. [cited 2025 Nov 12]. https://www.unsw.edu.au/arts-design-architecture/our-schools/social-sciences/our-research/research-groups/the-care-lab/when-caring-ends-understanding-and-supporting-informal-care-trajectories
11. Centre for Policy on Ageing. Older and sandwich generation carers and the impact of caring: Rapid review and references. [Internet]. London: Centre for Policy on Ageing; 2015 Aug. http://www.cpa.org.uk/information/reviews/CPA-Rapid-Review-Older-and-sandwich-generation-carers-and-the-impact-of-caring-review-and-references.pdf
12. Chen X, French L. Cross-cultural differences in children's development. Oxford Research Encyclopedia of Psychology. 2020. https://doi.org/10.1093/acrefore/9780190236557.013.581
13. CNEWA. God's work in Kerala: Caring for the aged. [Internet]. [cited 2025 Nov 12]. https://cnewa.org/magazine/gods-work-in-kerala-caring-for-the-aged-30808/
14. Del-Pino-Casado R. Social support in the relationship between caregiver burden and general health in women: A systematic review and meta-analysis. Ansiedad y Estrés. 2018;24(2):114–120.
15. DHS South Australia. Child and family support system (CFSS) research approach. [Internet]. 2025 Jan 28 [cited 2025 Nov 12]. https://dhs.sa.gov.au/how-we-help/child-and-family-support-system-cfss/about-cfss
16. Diwan S. Correlates of expectations of filial obligation. Journal of Cross-Cultural Gerontology. 2011;26(3):273–289.
17. Diwan S. One should follow the wind: Individualized filial piety and support exchanges in Indian immigrant families in the United States. Journal of Cross-Cultural Gerontology. 2012;27(2):173–190.
18. DuPage Senior Council. Supporting the sandwich generation: How aging-in-place organizations can lighten the load. [Internet]. 2024 Sep 13 [cited 2025 Nov 12]. https://www.dupageseniorcouncil.org/supporting-the-sandwich-generation-how-aging-in-place-organizations-can-lighten-the-load/
19. ELDAC. Culturally and linguistically diverse. [Internet]. [cited 2025 Nov 12]. https://www.eldac.com.au/Our-Products/Our-Diversity/Culturally-and-Linguistically-Diverse
20. ETV Bharat. Caught in the middle: India's sandwich generation struggles with financial insecurity and increased emotional distress. [Internet]. 2025 Feb 25 [cited 2025 Nov 12]. https://www.etvbharat.com/en/!lifestyle/the-sandwich-generation-struggles-financially-and-emotionally-enn25022501496
21. Evans S. Understanding family dynamics in a cross-cultural sample: A multinational study. [Internet]. 2022 [cited 2025 Nov 12]. Available from: https://gala.gre.ac.uk/id/eprint/39106/1/Gala_UnderstandingFamilyDynamics_2022.pdf
22. Exaudi. Vertical families: The challenge of the sandwich generation. [Internet]. 2025 May 16 [cited 2025 Nov 12]. https://www.exaudi.org/vertical-families-the-challenge-of-the-sandwich-generation/
23. Falzarano F. Family matters: Cross-cultural differences in familism and caregiving outcomes. Journal of Cross-Cultural Gerontology. 2022;37(4):509–528.
24. Family-Friendly Workplaces. Why family-friendly workplaces are the key to supporting the 'sandwich generation'. [Internet]. 2025 May 20 [cited 2025 Nov 12]. https://familyfriendlyworkplaces.com.au/why-family-friendly-workplaces-are-the-key-to-supporting-the-sandwich-generation/
25. Ghayour-Mobarhan M, Kazemi S. Comparative research: An old yet unfamiliar method. Journal of Medical Research and Health Sciences. 2022;4(2):10–14.
26. Gillett J, Crisp DA. Examining coping style and the relationship between stress and subjective well-being in Australia's 'sandwich generation'. Journal of Psychology. 2017;151(7–8):707–720.

27. Grissom V. Being the body of Christ through intergenerational Christian practice: An in-depth interview with Valerie Grissom. [Internet]. [cited 2025 Nov 12]. Available from: https://www.churchleadership.com/leading-ideas/being-the-body-of-christ-through-intergenerational-christian-practice-an-in-depth-interview-with-valerie-grissom/

28. Guardian Life. The sandwich generations: Challenges and tips for coping. [Internet]. [cited 2025 Nov 12]. Available from: https://www.guardianlife.com/caregiving-support/sandwich-generation-challenges

29. Horowitz JM. More than half of Americans in their 40s are 'sandwiched' between an aging parent and their own children. World Economic Forum. 2022 Apr 14. [Internet]. https://www.weforum.org/agenda/2022/04/sandwich-generation-caring-aging-parents-children/

30. IHike. The sandwich generation and mental health. [Internet]. [cited 2025 Nov 12]. https://ihike.org/the-sandwich-generation-and-mental-health/

31. India State-Level Disease Burden Initiative Mental Disorders Collaborators. The burden of mental disorders across the states of India: The Global Burden of Disease Study 1990–2017. The Lancet Psychiatry. 2019;6(11):939–952.

32. Jahangir S. Understanding intergenerational dynamics and social support's impact on health and well-being of older adults in South Asia: A scoping review. BMJ Open. 2024 Dec 26;14(12):e089293.

33. Jayamanne S. Are you part of the sandwich generation? Morningstar Australia. [Internet]. 2025 Mar 11 [cited 2025 Nov 12]. https://www.morningstar.com.au/personal-finance/are-you-part-of-the-sandwich-generation

34. Khanikar A. Elderly parents: Caregiving challenges of sandwich generation – A study in Sivasagar District. Journal for ReAttach Therapy and Developmental Diversities. 2024;7(6):13–21.

35. Koudelka V, Jarošová E. The concept of "sandwich generation". Journal of Deaf Studies and Deaf Education. 2024;29(1):1–13.

36. Kumar A, SHA. Navigating the caregiver's strain: Psychosocial well-being among sandwich generation caregivers in India. International Journal of Community Medicine and Public Health. 2024;11(2):841–850.

37. Lei L, Maust DT, Leggett AN. Psychological distress and self-rated health among sandwich generation caregivers: An analysis of the National Study of Caregiving. Journal of the American Geriatrics Society. 2024;72(3):735–742.

38. Lestari SN, Setiawan JL. Hear my voice in silence: Exploring psychological well-being in the sandwich generation through photovoice. Journal of Psychology. 2023;19(2):173–186.

39. Li J. A cross-cultural study of filial piety and palliative care knowledge: Moderating effect of culture and universality of filial piety. Frontiers in Psychology. 2021 Dec 3;12:787724.

40. Lim K. Health disadvantages of informal caregivers in Australia: A comparison between culturally and linguistically diverse (CALD) and non-CALD caregivers. BMC Public Health. 2023;23(1):1–10.

41. McCann TV. Mental health caregiver burden in Australia: A qualitative study. Journal of Clinical Nursing. 2019;28(11–12):2235–2244.

42. Mekala S. Cultural differences are reflected in variables associated with carer burden in FTD: A comparison study between India and Australia. Dementia & Neuropsychologia. 2013 Mar 14;7(1):104–109.

43. Ministry Architects. Discipling the sandwich generation. [Internet]. [cited 2025 Nov 12]. Available from: https://ministryarchitects.com/blog/discipling-the-sandwich-generation/

44. MHA National. Caregiving and the sandwich generation. [Internet]. [cited 2025 Nov 12]. Available from: https://mhanational.org/caregiving-and-sandwich-generation

45. NDIS. Is the support something we would expect your informal supports to provide? [Internet]. [cited 2025 Nov 12]. https://www.ndis.gov.au/providers/pricing-arrangements-and-supports/is-support-something-we-would-expect-your-informal-supports-provide

46. O'Connor A. The sandwich generation and older adult African Australians: A scoping review of the literature. Frontiers in Public Health. 2025 Jan 10;13:1577915.

47. Pharm Exec. Survey reveals mental and physical strain of sandwich generation. [Internet]. 2025 Apr 8 [cited 2025 Nov 12]. https://www.pharmexec.com/view/survey-revelas-mental-and-physical-strain-of-sandwich-generation

48. Pierret CR. Caring for parents and children. Monthly Labor Review. 2006;129(9):3–10.

49. Premier Nexgen. Safeguarding and intergenerational relationships: Helping Christian parents explore the tension. [Internet]. [cited 2025 Nov 12]. https://premiernexgen.com/safeguarding-intergenerational-relationships-helping-christian-parents-explore-tension/

50. Psychology Today. Cross-cultural psychology. [Internet]. [cited 2025 Nov 12]. https://www.psychologytoday.com/gb/basics/cross-cultural-psychology

51. Purba J. Paternal roles across cultures: A systematic review. Journal of Education and Culture Studies. 2023;3(2):1–15.

52. Rai S. India: Sandwich generation worries about future financial security. Asia Insurance Review. 2025 Feb 17. [Internet]. https://www.asiainsurancereview.com/News/Pdf-News/India-Sandwich-generation-worries-about-future-financial-security

53. Seniors Rights Victoria. Working with older people. [Internet]. [cited 2025 Nov 12]. https://seniorsrights.org.au/services/working-with-older-people/

54. Singh A, Singh S. Prevalence of depression, anxiety, and stress among young male adults in India: A dimensional and categorical diagnoses-based study. Journal of Nervous and Mental Disease. 2010;198(12):901–904.

55. Slideshare. The sandwich generation. [Internet]. [cited 2025 Nov 12]. https://www.slideshare.net/mobile/ashishchawla3/the-sandwich-generation

56. Solberg LM, Solberg LB, Peterson EN. Measuring impact of stress in sandwich generation caring for

demented parents. GeroPsych: The Journal of Gerontopsychology and Geriatric Psychiatry. 2014;27(4):171–179.

57. Song C. The sandwich generation: Coping with elderly parents and growing children. Canadian Immigrant. [Internet]. [cited 2025 Nov 12]. https://canadianimmigrant.ca/guides/your-life-in-canada/the-sandwich-generation-coping-with-elderly-parents-and-growing-children

58. Stephens MAP, Townsend AL. The sandwich generation: An overview of research and future directions. Ohio State University Extension; 2001.

59. Sudarji S, Panggabean H, Marta RF. Challenges of the sandwich generation: Stress and coping strategy of the multigenerational care. Indigenous: Jurnal Ilmiah Psikologi. 2024 Dec 9;7(3):263–275.

60. Syro-Malabar Vision. Fostering elderly care: A Christian perspective amidst Kerala's aging shift. [Internet]. 2025 Feb 9 [cited 2025 Nov 12]. https://syromalabarvision.com/news-details/fostering-elderly-care-a-christian-perspective-amidst-keralas-aging-shift

61. TOI Lifestyle Desk. Caring for two generations: Study highlights mental health struggles of sandwich carers. Times of India. [Internet]. 2025 Jan 9 [cited 2025 Nov 12]. https://timesofindia.indiatimes.com/life-style/health-fitness/health-news/caring-for-two-generations-study-highlights-mental-health-struggles-of-sandwich-carers/articleshow/106670860.cms

62. Therapy Group DC. Navigating the sandwich generation: Finding balance in the middle. [Internet]. 2024 Sep 13 [cited 2025 Nov 12]. https://www.therapygroupdc.com/blog/navigating-the-sandwich-generation-finding-balance-in-the-middle

63. Ugwu LI. Employed sandwich generation women: Coping with work family conflicts. Journal of Education and Practice. 2015;6(35):147–154.

64. Udalagama P. Proceedings of the European Social Sciences Conference. 2024:126009728.

65. University College London. 'Sandwich carers' experience decline in mental and physical health. ScienceDaily. [Internet]. 2025 Jan 6 [cited 2025 Nov 12]. https://www.sciencedaily.com/releases/2025/01/250106123456.htm

66. University of Michigan. "Sandwich generation" study shows challenges of caring for both kids and aging parents. [Internet]. 2022 Dec 1 [cited 2025 Nov 12]. Available from: https://lsa.umich.edu/psych/news-events/all-news/news/2022/december/sandwich-generation-study-shows-challenges.html

67. UNSW. Nearly one in three children growing up in non-conventional family households. [Internet]. 2024 Aug 29 [cited 2025 Nov 12]. https://newsroom.unsw.edu.au/news/social-affairs/nearly-one-three-children-growing-non-conventional-family-households

68. Van de Vijver FJR, Leung K. Research methods in cross-cultural psychology. Oxford Research Encyclopedia of Psychology. 2011. https://doi.org/10.1093/acrefore/9780190236557.013.454

69. With Grayce. Sandwich generation caregivers. [Internet]. [cited 2025 Nov 12]. https://www.withgrayce.com/blog/sandwich-generation-caregivers

70. Willow Brook. The sandwich generation. [Internet]. [cited 2025 Nov 12]. Available from: https://willow-brook.org/the-sandwich-generation/

71. Zare M. Psychometric properties of the Preparedness for Home Care of Stroke Patients (PATH-s) instrument in Iran. Journal of Nursing Research. 2024. https://doi.org/10.1080/10749357.2025.2450947

72. Ziaian T. Family dynamics and psychological wellbeing of South Asian migrant youth in Australia: A mixed-methods study. Journal of Ethnic and Migration Studies. 2025. https://doi.org/10.1080/13229400.2025.2469064

1.