1.1 Supplementary Tables

Supplementary table 1. Characteristics of Included Studies: Summary of Findings

Ref. No.	Author (Year)	Countries	Title	Methods	Caregiver Characteristics	Structural Factors Assessed	Functional Factors Assessed	Outcome	Main Findings	GRADE (Brief rationale)
[55]	Ghazali et al. (2015)	Malaysia	Burden of caregivers of the elderly with chronic illnesses and their associated factors in an urban setting in Malaysia	Cross-sectional study; 166 caregivers of elderly with chronic illness at outpatient medical clinic.	Informal caregivers (family members, mix of employed and unemployed)	Employment status, caregiving hours per day.	Elderly functional dependency (ADL by Barthel's Index).	Caregiver burden (CBI score).	21.7% experienced high burden; burden associated with employment, >14 hrs/day caregiving, and higher dependency of elderly. Burden mainly time-dependent, then physical and emotional..	Low (Cross-sectional with CBI; associations are directional but limited in causal inference)
[48]	Chua et al. (2016)	Singapore	Caregiving and Its Resulting Effects—The Care Study to Evaluate the Effects of Caregiving on Caregivers of Patients with Advanced Cancer in Singapore	Cross-sectional survey (n=612 caregivers)	Informal caregivers of advanced cancer patients; majority family members.	Financial burden, lack of organizational support, decision-making responsibilities.	Caregiving intensity, emotional strain, role overload.	Caregiver burden (ZBI), depression (CESD-R), caregiver QOL (CQOLC), work productivity impairment (WPAI).	High caregiving burden linked to poor mental health, lower quality of life, and reduced work productivity. Financial and role-related stressors significantly predicted adverse caregiver outcomes.	Low–Moderate (Used ZBI/CESD-R/CQOLC; consistent findings across multiple domains)
[63]	Picco et al. (2016)	Singapore	Prevalence and Risk Factors of Caregiver Dependence among Older Adults in a Southeast Asian Population	Cross-sectional population survey of 2,421 elderly households.	Nearly half of households with dependent older adults employed foreign domestic workers, with some receiving paid assistance during both daytime and nighttime hours.	Relationship to older adult (spouse 44.1%, child 36.9%), gender (59.6% female), marital status (71.5% married), and role of paid caregivers (49% households employed foreign domestic workers).	Care tasks included support (35.1%), feeding (32%), and bathing (21.1%); reliance on paid help during daytime (44.3%) and nighttime (26.4%).	Approximate ly 24.5% of caregivers reported significant burden, especially when older adults required care "much of the	The significant role of paid caregivers highlights Singapore's dual reliance on foreign domestic workers and family members, primarily spouses and children, in	Moderate (Large-scale survey; strong consistency regarding burden and use of foreign domestic helpers)

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								time." High reliance on foreign domestic workers indicated structural dependency.	supporting dependent older adults.	
[64]	Vaingankar et al. (2016)	Singapore	Care participation and burden among informal caregivers of older adults with care needs and associations with dementia	Cross-sectional survey; n = 693 informal caregivers; ZBI used to measure burden.	Informal caregivers of older adults; majority family members; varied by age, gender, marital and employment status.	Relationship to care recipient, caregiver demographics, caregiving hours, living arrangements.	Dementia status, functional impairment, Behavioral and Psychological Symptoms of Dementia (BPSD).	Caregiver burden (Zarit Burden Interview).	Dementia and BPSD significantly associated with higher caregiver burden; spousal caregivers and those providing more hours of care reported greater strain.	Low–Moderate (Burden increases with dementia/BPSD and hours of caregiving)
[61]	Wangpitipanit et al. (2016)	Thailand	Family Caregiver Capacity Building Program for Older People with Dependency in Thailand: A Randomized Controlled Trial	Family Caregiver Capacity Building Program for Older People with Dependency in Thailand: A Randomized Controlled Trial.	Informal family caregivers of older adults with dependency.	Organizational support via training program; health system linkage.	Caregiving knowledge, skills, and ability.	Caregiver care ability, Quality of Care (QoC).	The intervention significantly improved caregivers' ability and QoC compared to control group, demonstrating the effectiveness of capacity-building programs.	Moderate–High (Caregiver capacity-building program improved QoC and self-efficacy significantly)
[34]	Alvarez et al. (2017)	Philippines	Learning Needs and Quality Care Among Family Caregivers and Elderly Patients of Guadalupe, Cebu City, Central Philippines	Descriptive cross-sectional study	Family caregivers of elderly patients; mostly female, middle-aged, mixed education/employment background.	Demographics (age, sex, marital status, education, income); caregiving context.	Knowledge, attitudes, and values of caregivers; caregiving skills; perceived learning needs.	Quality of care provided to elderly; caregiver-perceived competence and needs.	Family caregivers expressed moderate to high learning needs in skills, knowledge, and values. Identified gaps in caregiving competencies directly affected quality of care. Study highlighted	Low (Identified "learning needs" linked to care quality; descriptive in nature)

Ref. No.	Author (Year)	Countries	Title	Methods	Caregiver Characteristics	Structural Factors Assessed	Functional Factors Assessed	Outcome	Main Findings	GRADE (Brief rationale)
									importance of training and supported to improve caregiving outcomes.	
[36]	Zakaria et al. (2017)	Malaysia	The Effectiveness of a Cultural-Based Support Group for Malay Dementia Caregivers in Kelantan, Malaysia: A Pre-Post Intervention Study	Experimental (pre–post intervention, no control), 16 caregivers, 7 sessions over 12 weeks.	Malay family caregivers of dementia patients.	Cultural-based support group intervention; organizational/psychosocial support.	Caregiving burden, anxiety, depression, quality of life domains.	CSI, HADS, WHOQOL-BREF.	Significant reduction in caregiver burden ($p \leq 0.001$); improvement in anxiety/depression (not statistically significant); significant improvement in social, psychological, and physical QoL domains.	Low–Moderate (Caregiver burden decreased, but depressive symptoms did not change significantly)
[65]	Win et al. (2017)	Singapore	Burden among Family Caregivers of Dementia in the Oldest-Old: An Exploratory Study	Cross-sectional survey.	Family caregivers (n=63), mean age ~56 yrs, majority female.	Relationship to care recipient, role strain, personal strain.	Care needs of oldest-old with dementia.	Zarit Burden Interview (ZBI).	56% reported moderate-to-severe burden; higher burden linked to caregiving hours, functional dependency, and behavioral symptoms of dementia.	Low (Burden higher among caregivers of the "oldest-old"; limited by small sample)
[43]	Horn et al. (2018)	Cambodia	Perceptions of oral health among older Cambodians and their caregivers: A qualitative study	Qualitative study; in-depth interviews and focus group discussions; purposive sampling of older adults and caregivers.	Ffamily caregivers of older Cambodians.	Access to oral health services, lack of resources, limited policy support.	Care needs of older adults, dependency on caregivers for oral care.	Impact on quality of life, nutrition, and caregiver burden.	Caregivers and older adults had limited knowledge and access to oral health care; caregiving burden increased due to poor resources and weak health system; cultural values emphasized	Very Low (Provides cultural insights; not designed for effect estimates)

Ref. No.	Author (Year)	Countries	Title	Methods	Caregiver Characteristics	Structural Factors Assessed	Functional Factors Assessed	Outcome	Main Findings	GRADE (Brief rationale)
									family caregiving.	
[68]	Fauziana et al. 2018)	Singapore	Positive Caregiving Characteristics as a Mediator of Caregiving Burden and Satisfaction with Life in Caregivers of Older Adults	Cross-sectional, self-report study of 285 caregivers of older adults (≥60 years).	Mean age 47 years; 64.6% female.	Caregiver health, economic status, elderly's dementia condition, caregiver–elderly relationship.	Positive Aspects of Caregiving (PAC), Satisfaction with Life Scale (SWLS).	Caregiver burden (Zarit Burden Interview, ZBI), QoL, psychological well-being.	PAC significantly mediated the relationship between QoL and caregiver burden ($p<.001$). Positive caregiving attitudes may reduce perceived burden and improve well-being.	Low–Moderate (Mediation model (PAC) promising but still cross-sectional)
[33]	AM et al. (2018)	Malaysia	Caring for moderate to severe dementia patients-Malaysian family caregivers experience	Qualitative study; in-depth interviews with family caregivers of older adults with moderate to severe dementia.	Informal/family caregivers; mostly middle-aged to older; mix of adult children and spouses.	Lack of training, limited healthcare resources, financial strain, cultural norms of filial duty.	Coping strategies, caregiving roles, emotional support, spiritual/religious coping.	Caregiver burden, stress, psychological impact, positive meaning in caregiving.	Family caregivers reported high stress and burden due to lack of knowledge, financial strain, and limited support. However, cultural and spiritual values provided resilience and meaning in caregiving..	Very Low (Subjective experiences of dementia caregivers; exploratory)
[44]	Pankong et al. (2018)	Thailand	A Randomized Controlled Trial of Enhancing Positive Aspects of Caregiving in Thai Dementia Caregivers for Dementia	RCT (two-arm, pre–post test); 72 caregivers; Questionnaire, PACQ, TGWS.	Family caregivers of older adults with mild–moderate dementia (mostly female, all Buddhist).	Resources and organizational support (social support, program-based intervention, training materials, counseling).	Caregiving intensity, dementia-related symptoms, caregiver–older adult relationship (family members living with relative diagnosed with dementia).	Positive aspects of caregiving (PAC) and subjective well-being.	The intervention program significantly improved caregivers' positive appraisal of caregiving and subjective well-being at 8, 12, and 20 weeks. Spirituality, self-efficacy, and social support were key	High (RCT showed significant and consistent improvements in PAC and subjective well-being; despite small sample, intervention effects were robust)

Ref. No.	Author (Year)	Countries	Title	Methods	Caregiver Characteristics	Structural Factors Assessed	Functional Factors Assessed	Outcome	Main Findings	GRADE (Brief rationale)
									resources enhanced by the intervention.	
[19]	HA et al. (2018)	Singapore	Caregiving burden in foreign domestic workers caring for frail older adults in Singapore	Cross-sectional study of 221 FDWs recruited from geriatric ward & outpatient clinic; Zarit Burden Interview (ZBI) used; univariate & multivariate regression.	Majority (60%), mean age 32.3; 57.5% married, 62.4% with children; 59.7% with secondary education; 79.9% provided care >1 year; 25.1% had physical health problems; 23.1% faced language difficulties.	Most employers Singaporean (94.4%) and Chinese (80.8%); 61.6% shared rooms with care recipients; 62.3% cared for persons with dementia (PWD).	Dependence of elder, loss of privacy, stress from responsibilities, lack of rest, embarrassment over behavior, and "worry about performance" (doing more or better).	Mean ZBI = 20.1 (SD 14.3); higher burden among FDWs caring for PWD (22.5 vs. 14.4); Filipino FDWs (OR 9.73), language barriers (OR 5.46), and caring for PWD (OR 5.47) increased risk.	FDWs face significant caregiving burden. Key determinants: nationality (Filipinos > Burmese > Indonesians), language problems, and caring for PWD.	Low–Moderate (Nationality, language, and dementia caregiving strongly predicted ZBI burden)
[78]	Idris et al. (2019)	Brunei	"Caring is Not a One Man Show": Family Caregiver's Experiences in Caring the Dependent Elderly in Brunei Darussalam	Qualitative study (In-depth interviews, thematic analysis)	Family caregivers (spouses, children, relatives) of dependent elderly.	Cultural expectations, family obligations, financial cost, limited formal support, role demands.	Coping mechanisms, emotional support, family dynamics.	Caregiver burden, stress, coping, quality of care.	Caregiving is shared responsibility; caregivers experience both positive (sense of duty, family bonding) and negative (stress, fatigue, financial strain) impacts; need for government and community support.	Very Low (Focused on cultural meanings of caregiving; not generalizable)
[67]	Nguyen et al. (2019)	Vietnam	Dementia prevalence among older hospitalized patients in Vietnam and dementia understandin	Cross-sectional survey among inpatients ≥60 years and their caregivers in 3 hospitals.	Family caregivers of older adults hospitalized (n=367; mean age of care recipients 77.5; 59.7% female).	Caregivers' knowledge of dementia; need for support services.	Caregiving expectations and reliance on relatives/hired homecare.	Caregivers' understandin g of dementia and their expressed needs for help.	Prevalence of dementia 24.3%; MCI 14.4%; 92.1% caregivers had low understanding of dementia; 74.2% expressed need	Low–Moderate (Low dementia knowledge; strong expressed

Ref. No.	Author (Year)	Countries	Title	Methods	Caregiver Characteristics	Structural Factors Assessed	Functional Factors Assessed	Outcome	Main Findings	GRADE (Brief rationale)
			g of their caregivers						for caregiving support; caregivers preferred help from relatives and hired home-care services.	needs for support)
[38]	Sambasivam et al. (2019)	Singapore	The hidden patient: chronic physical morbidity, psychological distress, and quality of life in caregivers of older adults	Cross-sectional study; 285 informal caregivers of adults Older; GHQ-12, SF-36, ZBI.	Majority female caregivers, mixed relationships (spouse/children/others), varying education and employment background.	Socio-demographic factors (education, employment).	Caregiving time; health conditions of caregivers & care recipients.	Psychological distress, chronic morbidity, quality of life (physical & mental health), caregiver burden.	High prevalence of chronic morbidity among caregivers; significant psychological distress and poorer QoL; caregiver burden influenced by both caregiving intensity and socio-demographics..	Low (Burden associated with physical/mental health and caregiver QoL)
[51]	Tamdee et al. (2019)	Thailand	Conditions of caring for the elderly and family caregiver stress in Chiang Mai, Thailand	Cross-sectional exploratory descriptive study; sample size 103 family caregivers.	Family caregivers of older adults; majority female; varied age, education, and socioeconomic background.	Caregiver health, economic status, elderly's dementia condition, caregiver–elderly relationship.	Caregiver confidence, financial burden, caregiving conditions	Caregiver stress and burden (measured by ZBI-8); mental health and social impact.	High stress and burden among family caregivers; poor caregiver health, low confidence, dementia in care recipients, strained relationships, and financial difficulties significantly associated with higher stress; highlights need for support interventions.	Low (Identified stress and burden risk factors; small sample)
[39]	Tumanggor et al. (2020)	Indonesia	Female Caregiver Devotion as a Stress Factor in Caring for Hospitalized	Qualitative descriptive design; In-depth interviews with female caregivers of hospitalized	Informal female caregivers, mainly family members (wives, daughters, daughters-in-law).	Lack of institutional/organizational support; high caregiving demands in hospital context.	Caregiving intensity; older adult dependency.	Stress and emotional burden of female caregivers.	Strong cultural expectations of female devotion intensified caregiver stress; gender roles created unequal	Very Low (Gender roles and cultural expectations as sources of burden)

Ref. No.	Author (Year)	Countries	Title	Methods	Caregiver Characteristics	Structural Factors Assessed	Functional Factors Assessed	Outcome	Main Findings	GRADE (Brief rationale)
			Elderly in Indonesia	older adults; Thematic analysis.					burden; highlighted need for formal recognition and support for female caregivers.	
[52]	Zun Naing et al. (2020)	Myanmar	Caregiver burden from caring for dependent elderly in Yangon, The Republic of the Union of Myanmar	Cross-sectional survey, n=120 caregivers, tools: Barthel Index, Zarit Burden Interview.	Family caregivers (mostly adult children, majority female).	Socio-demographics (age, relationship to elderly, income, hours of caregiving).	ADL dependency (Barthel Index).	Caregiver burden (ZBI scores: mild, moderate, severe).	Most caregivers reported moderate to severe burden. Higher burden associated with older caregivers and higher dependency of elderly.	Low (Barthel/ZBI identified socio-demographic burden factors)
[57]	Chuakhamfoo et al. (2020)	Thailand	Health and long-term care of the elderly with dementia in rural Thailand: a cross-sectional survey through their caregivers	Cross-sectional survey; 453 caregivers of elderly with dementia in 3 rural regions.	Majority female, middle-aged, family members (children or spouses), low–middle income, primary informal caregivers.	Household income, insurance coverage, access to health services, socioeconomic status.	Caregiving responsibilities, hours spent in care, type of support provided (ADLs/IADLs), coping mechanisms.	Caregiver burden, stress, sleep disturbance, financial strain, quality of care for elderly with dementia.	High caregiver burden and financial strain; poorer caregiver health associated with higher dependency in older adults; unmet LTC needs due to limited resources and weak support systems; highlights urgent need for community- and policy-level LTC interventions.	Moderate (Burden higher when LTC limited and families carried the load)
[54]	Aman et al. (2020)	Singapore	The impact of caregiving on caregivers of older persons and its associated factors: a cross-sectional study	Cross-sectional study: Nationally representative survey (sample size not explicitly shown in abstract, ~2,000 households).	Majority female caregivers; varied ethnicities (Chinese, Malay, Indian); mostly family caregivers.	Demographics (age, gender, education, marital status, ethnicity), household composition, care hours.	Caregiving tasks, type of assistance (ADLs, IADLs), level of dependence of care recipients.	Caregiver burden, mental health, satisfaction with support, well-being indicators.	Higher caregiving hours and dependency of older persons strongly associated with greater caregiver burden; women reported more stress; need for support and	Low–Moderate (Burden strongly linked to dementia/ADL impairments)

Ref. No.	Author (Year)	Countries	Title	Methods	Caregiver Characteristics	Structural Factors Assessed	Functional Factors Assessed	Outcome	Main Findings	GRADE (Brief rationale)
									policy interventions.	
[75]	Gray & Pattaravanich (2020)	Thailand	Internal and external resources, tiredness and the subjective well-being of family caregivers of older adults: a case study from western Thailand	Cross-sectional survey; 270 primary family caregivers.	Majority family caregivers (children/spouses), mostly female, varied age; duration and hours of caregiving controlled.	External resources: social support, appreciation, affection.	Internal resources: confidence, positive appraisal, coping strategies; Tiredness.	Subjective well-being (SWB), happiness scale (0–10).	Social support and positive appraisal improved SWB; tiredness significantly reduced SWB; highlights need for psychosocial support and interventions to strengthen caregiver coping.	Moderate (Social resources and positive appraisal increased SWB; fatigue reduced SWB)
[53]	Kong et al. (2021)	Malaysia	Factors associated with informal caregiving and its effects on health, work, and social activities of adult informal caregivers in Malaysia	Cross-sectional survey (NHMS 2019), 5,526 adult respondents identified as informal caregivers (≥18 years old).	Majority female, mean age 40, provided care mainly to parents or older relatives; varied education and employment status.	Socio-demographic factors (age, sex, marital status, education, income, employment).	Caregiving context (relationship to care recipient, co-residence, hours of care per week, support availability, training received).	Caregiving associated with poorer health, reduced work productivity, limited social participation, and higher burden with longer, more intensive care.	Informal caregiving harmed health, work, and social life; female, unemployed, and long-hour caregivers faced higher risk, underscoring the need for supportive services and caregiver-focused policies.	Moderate (Burden significantly affected health, work, and social domains)
[58]	Nasrun et al. (2021)	Indonesia	Relationship Between Quality of Life of People with Dementia and Their Caregivers in Indonesia	Cross-sectional study; n = 85 caregivers of older adults; data collected using WHOQOL-BREF and EQ-5D.	Caregivers' majority female; varied age, education, employment; caring mainly for parents/elderly relatives with dementia.	Socio-demographics (age, sex, marital status, education, employment, caregiving duration, hours per day).	Caregiving context (co-residence, type of relationship, support, behavioral and psychological symptoms of dementia – BPSD).	Caregivers' quality of life (WHOQOL-BREF: physical, psychological, social, environmental domains); patients' QoL (EQ-5D).	Strong association between caregivers' QoL and dementia patients' QoL. Caregivers with longer hours and high BPSD burden reported lower QoL. Female caregivers and those with limited resources more vulnerable.	Low (Dementia patient QoL directly associated with caregiver QoL)

Ref. No.	Author (Year)	Countries	Title	Methods	Caregiver Characteristics	Structural Factors Assessed	Functional Factors Assessed	Outcome	Main Findings	GRADE (Brief rationale)
									Emphasizes need for family caregiver support and dementia care programs.	
[71]	Mahalle et al. (2022)	Brunei	Psychological Issues on Family Caregivers of Stroke Patients in Brunei Darussalam: In the Era of Pandemic Covid-19	Qualitative study (in-depth interviews with family caregivers)	Informal family caregivers (spouses, children, relatives) of older stroke patients.	Financial strain, lack of family support, transportation difficulties, lack of caregiving knowledge.	Coping strategies, fatigue, sleep deprivation, emotional strain.	Psychological burden (stress, depression, fatigue, family relationship strain).	Caregivers face significant psychological issues exacerbated by COVID-19, including stress, depression, financial strain, and inadequate support. Coping mechanisms and external resources are crucial to mitigate burden.	Very Low (Psychological experiences of caregivers during COVID-19)
[56]	Yiengprugsawan et al. (2022)	Indonesia	Factors relating to depressive symptoms of caregivers for older care recipients in Indonesia	Cross-sectional (IFLS Wave 5, logistic regression).	Primary caregivers: mostly spouses (older males) or adult children (older females).	Education level, employment status, rural/urban residence, household co-resident support.	Care intensity (functional limitation of older adults), multiple care recipients.	Caregiver depressive symptoms (CES-D ≥10).	Depressive symptoms associated with: not working, low education, rural residence, multiple older recipients, high functional limitations, lack of household	Low–Moderate (CES-D ≥10 strongly associated with unemployment and caregiving intensity)
[59]	Thana et al. (2022)	Thailand	Psychometric Properties of the Thai version of Caregiver Reaction Assessment Tool among Caregivers who Providing Care for Dependent	Cross-sectional validation study; n = 452 informal caregivers; questionnaire survey.	Informal caregivers of dependent older adults; majority female, middle-aged, mixed education and income levels.	Socio-demographics (age, gender, education, marital status, financial strain).	Caregiving burden domains: health impact, financial problems, lack of family support, disrupted daily schedule.	Psychometric properties of CRA tool; caregiver burden and well-being.	Thai CRA demonstrated good reliability and validity. Found moderate to high caregiver burden, especially in financial and time domains. Highlights need for policies and interventions to support family	Low–Moderate (CRA-Thai validated in caregivers; tool useful but not outcomes-focused)

Ref. No.	Author (Year)	Countries	Title	Methods	Caregiver Characteristics	Structural Factors Assessed	Functional Factors Assessed	Outcome	Main Findings	GRADE (Brief rationale)
			Elderly Persons						caregivers in Thailand.	
[42]	May Sein Ba et al. (2022)	Myanmar	Factors Explaining Quality of Life among Family Caregivers of People with Stroke in Myanmar: A Cross-sectional Study	Cross-sectional study; 122 family caregivers; ZBI), WHOQOL-BREF, MSPSS.	Primary family caregivers (spouses, children); majority Buddhist; varied education & income.	Resources (financial strain, inadequate health insurance); Organizational Support (limited LTC system).	Caregiving intensity (7.7 hrs/day); Care dependency (stroke-related functional limitations); Relationship (spouse/child).	Quality of Life, Caregiver Burden, Perceived Stress, Social Support.	Caregiver burden and stress ↓QoL; Social support ↑QoL; Financial strain, low income ↓QoL; Suggested policy to strengthen health insurance and social support.	Low–Moderate (Stroke caregiver QoL closely linked to social support)
[5]	Putri et al. (2022)	Indonesia	Factors Associated with Caregiver Burden in Caregivers of Older Patients with Dementia in Indonesia	Cross-sectional study; 108 caregivers of older adults; Zarit Burden Interview (ZBI-22) used; multivariate regression.	Caregivers' majority female; varied age, education, employment; mostly caring for parents/elderly relatives with dementia.	Socio-demographic factors (age, sex, education, marital status, employment, income).	Caregiving-related factors: hours of care, duration, co-residence, social support, behavioral and psychological symptoms of dementia (BPSD).	Caregiver burden (ZBI score); mental and social health impacts.	High caregiver burden is prevalent. Greater burden associated with BPSD, longer caregiving hours, co-residence, and low social support. Female caregivers and those with lower income at higher risk. Highlights need for support interventions and dementia care programs in Indonesia.	Low–Moderate (BPSD and longer caregiving hours worsened caregiver QoL)
[73]	Fenequito et al. (2023)	Philippines	Effects of Caregiver Burden to the Psychosocial Adjustment and Quality of Life of Caregivers of Older People with Debilitating Diseases	Qualitative study; in-depth interviews; n = 8 caregivers.	caregivers of older adults with debilitating diseases; majority female; varied age and socioeconomic status.	Socio-demographic background, financial status, caregiving duration, relationship to care recipient.	Caregiving burden, coping strategies, emotional support, psychosocial adjustment.	Psychosocial adjustment, caregiver burden, and QoL.	Caregivers experienced high burden leading to stress, fatigue, and limited social participation. Despite challenges, they developed coping strategies. Burden negatively affected	Low (Caregiver burden influenced psychosocial adaptation and QoL)

Ref. No.	Author (Year)	Countries	Title	Methods	Caregiver Characteristics	Structural Factors Assessed	Functional Factors Assessed	Outcome	Main Findings	GRADE (Brief rationale)
									psychosocial adjustment and QoL, underscoring the need for support programs and interventions.	
[49]	Sya'diyah et al. (2023)	Indonesia	Structural Model of Family Caregiver for Elderly with Dementia	Cross-sectional, explanatory research with SEM-PLS; 137 family caregivers of elderly with dementia; questionnaire.	Family caregivers of elderly with dementia (informal caregivers, household/community setting).	Elderly factors, family factors, health service factors, filial values, caregiver's demands.	Family appraisal, caregiving demands, empowerment in caregiving.	Family caregiver empowerment; Ability in home care.	Elderly factors, family factors, health service factors, filial value, family appraisal, and caregiver's demands significantly influence caregiver empowerment and ability to perform home care.	Low–Moderate (SEM model confirmed burden determinants among dementia caregivers)
[72]	Nasreen et al. (2024)	Malaysia	Caregiver burden, mental health, quality of life and self-efficacy of family caregivers of persons with dementia in Malaysia	Cross-sectional, survey-based study (BMC Geriatrics)	Family caregivers of older adults with dementia (age, gender, marital status, occupation, caregiving duration, shared caregiving).	Social support, marital status, occupation, financial context.	Caregiving duration, shared caregiving roles.	Caregiver burden, depressive symptoms, anxiety symptoms, QoL, caregiving self-efficacy.	Caregivers of PWD experienced significant burden; depressive and anxiety symptoms linked to higher burden; social support and self-efficacy improved outcomes.	Low–Moderate (Baseline study of dementia caregiver training intervention)
[70]	Yanto et al. (2024)	Timor-Leste	The Relationship Between Role of Family with Choice of Therapy at Degenerative Elderly Peoples	Cross-sectional survey (n=100 families).	Informal/family caregivers (spouses, children).	Family role in decision-making, support, cost, access to healthcare.	Caregiving duties, decision-making involvement.	Association between family role and therapy choice.	Strong family involvement significantly influenced therapy choices for elderly with degenerative conditions. Financial support and family	Low (Family role influences treatment choices for elderly with degenerative disease)

Ref. No.	Author (Year)	Countries	Title	Methods	Caregiver Characteristics	Structural Factors Assessed	Functional Factors Assessed	Outcome	Main Findings	GRADE (Brief rationale)
									knowledge were key determinants.	
[37]	Mustapa et al. (2024)	Malaysia	Assessing informal caregiver burden as well as knowledge on positioning and feeding of stroke patients in a tertiary hospital in Kelantan	Cross-sectional study; n = 76 informal caregivers; questionnaires (Zarit Burden Interview, CKQ-My)	Informal caregivers of stroke patients; majority female; varied age, marital status, and employment background	Demographics (age, sex, marital status, education, occupation, caregiving duration)	Knowledge of positioning and feeding; caregiving responsibilities; burden level	Caregiver burden, caregiving knowledge, stress level	Moderate to severe caregiver burden was prevalent. Caregivers with low knowledge on positioning and feeding had higher burden. Findings highlight the need for caregiver training and support interventions in stroke care.	Low (Factors associated with caregiver QoL)
[74]	Siregar et al. (2024)	Indonesia	The Quality of Life of Informal Caregivers of Older People with Type 2 Diabetes Mellitus in Indonesia: A Cross-Sectional Study	Cross-sectional; 80 informal caregivers (≥60 y/o patients with T2DM); purposive sampling	Mostly family caregivers (spouses, children); varied age, gender, education, employment, marital status, income, caregiving duration.	Socio-demographic factors (age, sex, marital status, education, occupation, family income); relationship to patient.	Caregiving duration, daily caregiving hours, perceived burden, social support, coping.	QoL of informal caregivers (measured by QoL Index - QLI).	Caregiver burden and lower income were significantly associated with poorer QoL. Higher education, employment, and perceived social support improved QoL. Government support and home-based nursing interventions recommended.	Low (QoL of caregivers of older adults with type 2 diabetes)
[60]	Baobaid et al. (2024)	Malaysia	Mental Health and Care Burden of Informal Caregivers for Palliative Patients in Selangor	Cross-sectional study; structured questionnaires with validated scales (e.g., DASS-21, ZBI)	Informal/family caregivers of palliative patients (mostly middle-aged, female, relatives of elderly with chronic/terminal illness).	Socio-demographic factors, financial strain, lack of support systems.	Caregiving responsibilities, emotional/psychological support, time demands.	Depression, anxiety, stress, caregiver burden.	High prevalence of depression, anxiety, and stress among caregivers. Greater burden linked to heavier care responsibilities and weak	Low–Moderate (Caregiver burden and mental health in palliative care settings)

Ref. No.	Author (Year)	Countries	Title	Methods	Caregiver Characteristics	Structural Factors Assessed	Functional Factors Assessed	Outcome	Main Findings	GRADE (Brief rationale)
									support. Emphasizes urgent need for psychosocial interventions and formal support services in Malaysia.	
[69]	Wahab et al. (2024)	Malaysia	The caregiving burden of older people with functional deficits and associated factors on Malaysian family caregivers	Cross-sectional study; 220 family caregivers; Tools: ZBI, questionnaire, functional status assessment.	Family caregivers of older adults in FELDA communities.	Socio-demographics (sex, income), chronic illness of older adults.	Functional independence of older adults (functional deficits).	Caregiver burden.	Higher caregiver burden associated with female caregivers, lower income, and higher functional dependence of older adults. Support and resources are needed to reduce burden..	Low–Moderate (Burden of caregivers of functionally dependent elderly and related factors)
[50]	Lee et al. (2024)	Singapore	Evaluating a mobile-based intervention to promote the mental health of informal dementia caregivers in Singapore	RCT; 80 informal caregivers of dementia patients; Mobile-based intervention app, DASS-21, ZBI, WHOQOL-BREF	Informal/family caregivers of dementia patients.	Social support, access to mobile health intervention.	Dementia-related symptoms, caregiving intensity.	Caregiver burden, depression, anxiety, quality of life.	Mobile-based intervention significantly reduced depression, anxiety, and caregiver burden, and improved quality of life among informal caregivers.	Low–Moderate (As this was a pilot study with a small sample size, short duration, and reliance on self-reported outcomes)
[46]	Malhotra et al. (2024)	Singapore	Trajectories of negative and positive experiences of caregiving for older adults with severe dementia: application of group-based multi-trajectory modelling	Prospective cohort (PISCES panel); 215 family caregivers of severe dementia patients (followed every 4 months for 2 years + 6 months post-death); GAIN, CRA, CMAI, BANS-S, CD-RISC, BGQ,	Majority adult children (83%), mean age 56.7 years, 69% female, 74% co-residing, 79% with migrant domestic worker support, 58% with strong family emotional support.	Financial burden (out-of-pocket via Medisave), migrant worker support, organizational/emotional support, resources for care.	Dementia-related behavioral, functional, cognitive, and pathological symptoms; caregiving intensity (time per day); co-residence.	Caregiver grief, distress, resilience, spiritual well-being, quality of life after death of older adult.	Four caregiving trajectories vary by positives/negatives; worse linked to symptoms, burden, strain, and grief, with high negatives showing poorer well-being post-bereavement.	Moderate (Longitudinal cohort with trajectory modelling; consistent, precise findings; upgraded to Moderate)

Ref. No.	Author (Year)	Countries	Title	Methods	Caregiver Characteristics	Structural Factors Assessed	Functional Factors Assessed	Outcome	Main Findings	GRADE (Brief rationale)
				HADS, FACIT-Sp, QoL scale.						
[45]	Ahmad et al. (2024)	Malaysia	Efficacy of a Telephone-Intervention on Caregiving Burden and Mental Health among Family Caregivers of Persons with Dementia in Malaysia: A Randomized Controlled Trial	Cross-sectional study; ZBI, PSS, MSPSS	Family caregivers of older adults (mix of spouses, children, relatives).	Organizational support, caregiving resources, lack of policy support.	Caregiving intensity (hours/day), care dependency.	Caregiver burden, stress, perceived social support.	Higher burden linked to stress, low social support, and spousal caregiving role. Highlights need for culturally tailored interventions.	Moderate (Reduced burden, anxiety, and distress; minor risk of bias from self-reports; no effect on depression)
[32]	Le et al. (2025)	Vietnam	The Effects of Spousal Caregiving on Middle-Age and Older Caregivers' Health and Well-Being: Evidence From Vietnam	National survey on aging; quantitative PSM	Older spousal caregivers (aged 50–75); both male and female; providing care to partners within households	Demographics (age, sex, marital status, socioeconomic status)	Caregiving role (spousal caregiving status, intensity, duration)	Psychological well-being, QoL, functional limitations	Caregiving was associated with an increase of 7.3% in poor psychological well-being, 9.7% in life dissatisfaction, and 8.6% in functional limitations. Effects varied by demographics, underscoring the need for LTC policies and caregiver support in Vietnam.	Moderate (Spousal caregiving significantly affected health and well-being)
[20]	Suna et al. (2025)	Thailand	Developing a Policy Model to Support Family Caregivers of Dependent	Mixed methods: quantitative survey (n=357 caregivers) and qualitative case studies	Family caregivers of dependent older adults; varied gender, age, education, and socioeconomic status.	Demographic and socioeconomic status; availability of services; policy and community resources.	Caregiving burden, support needs, coping capacity, caregiving roles.	Caregiver burden, physical and mental health, QoL, expectations for support,	High caregiver burden, especially among low-income and female caregivers. Identified gaps in support systems.	Low–Moderate (Policy development study to support family

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			Older Adults in Bangkok					and policy needs.	Proposed policy model emphasizing financial aid, respite care, training, and community-based support to improve caregiver well-being and care quality.	caregivers in Bangkok)
[66]	Nguyen et al. (2025)	Vietnam	Challenges, knowledge, and skills required for family caregivers of older adults with dementia: a qualitative study in Vietnam	Qualitative study; in-depth interviews with 20 family caregivers; inductive content analysis.	Family caregivers of PwD; recruited from Nhan dan Gia Dinh Hospital, Ho Chi Minh City.	Limited dementia knowledge, lack of training, difficulties in accessing support services.	Challenges in daily care, managing behavioral and sleep disruptions, personal sacrifices, comorbidity care needs.	Challenges in daily care, managing behavioral and sleep disruptions, personal sacrifices, comorbidity care needs.	Caregivers faced significant stress and burden due to lack of knowledge, skills, and formal support. Highlighted need for educational programs, psychosocial support, and improved access to resources.	Very Low (Challenges and skills required by dementia caregivers)
[76]	Thanapet et al. (2025)	Thailand	Subjectivities of Older Spousal Caregivers in Rural Northern Thailand: A Qualitative Study on Sociocultural Influences	Qualitative study; Narrative interviews (n=8 older spousal caregivers, +8 family/neighbors), In-depth interviews (n=10 healthcare providers).	Older spousal caregivers (primary), family members, neighbors, healthcare providers.	Sociocultural discourse influencing caregiving norms and expectations.	Daily caregiving roles, relational dynamics between spouses.	Caregiver subjectivities, perceptions of caregiving role, psychosocial well-being.	Identified three discourses shaping subjectivities: (1) medical/aging-related burden and decline; (2) negative perceptions of aging caregivers; (3) positive meaning of caregiving as compassionate, valuable role. Cultural framing of *kon jàa* (lifelong spousal care) reinforced	Very Low (Perspectives of spousal caregivers in rural northern Thailand)

Ref. No.	Author (Year)	Countries	Title	Methods	Caregiver Characteristics	Structural Factors Assessed	Functional Factors Assessed	Outcome	Main Findings	GRADE (Brief rationale)
									caregiving commitment.	
[40]	Thanapop et al. (2025)	Thailand	Determinants of Quality of Life in Thai Caregivers of Dependent Older Adults	Cross-sectional study; 409 caregivers of dependent older adults; WHOQOL-BREF, health promotion and occupational risk questionnaires.	family caregivers, majority female, varied age and occupation.	Working conditions, occupational hazards, preventive health behaviors.	Caregiving workload/intensity, dependency level of older adults.	Health-Related Quality of Life (HR-QOL).	Caregivers with high occupational risks and poor preventive behaviors had significantly lower HR-QOL. Health promotion and reducing occupational hazards improved caregiver well-being.	Low–Moderate (Determinants of QoL among caregivers of dependent elderly)
[41]	Juntasopeepun et al. (2025)	Thailand	Determinants of Caregiver Burden Among Primary Family Caregivers of Bedridden Older Adults Living at Home	cross-sectional study; 120 caregivers; questionnaires, ZBI.	Family caregivers (spouses, children, relatives) of bedridden older adults.	Perceived social support.	Caregiving intensity (hours/day), caregiver–older adult relationship.	Caregiver burden (ZBI scores).	Higher burden associated with higher stress, being spouse, and lower perceived social support. Interventions should strengthen social support and reduce stress.	Low–Moderate (Determinants of burden among family caregivers of bedridden elderly)
[62]	Tan & Orteza (2025)	Philippines	Knowledge and Attitude of Filipino Caregivers of Patients with Dementia Admitted for Other Health Issues in a Tertiary Hospital in Metro Manila	cross-sectional; 18 caregivers of inpatients with dementia; questionnaire, ADKS, DAS.	All female caregivers; mean age 49. Roles: family (33.3%), house-help (22.2%), private nurses (11.1%). Education: 33.3% college-level. Duration: mostly 3–10 years caregiving.	Role of training in managing complex care needs (knowledge level, education).	Dementia-related clinical symptoms, Caregiver–Older Adult Relationship.	Caregiver knowledge and attitudes toward dementia.	Caregivers had average knowledge (70.6% correct) but positive attitudes (85.6%). Higher education correlated with better knowledge and attitudes. Continuous education is recommended.	Low (a single-center, descriptive cross-sectional study with small sample size)
[18]	Nguyen Huong et al. (2025)	Vietnam	Testing the Efficacy of a Culturally Adapted Family Dementia	Cluster randomized controlled trial; 7 community sites; 253 family caregivers of	Family caregivers of older adults with dementia.	Community-based resources, culturally adapted training and support.	Dementia-related symptoms; Caregiver–older adult relationship.	Burden, stress, psychological distress, somatic symptoms.	Intervention significantly reduced caregiver burden, stress, and psychological	Moderate (Cluster RCT with improvements at 3 months and ZBI at 6

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			Caregiver Intervention (REACH VN): Results From a Cluster RCT in Northern Vietnam	persons with dementia; PHQ-4, ZBI-12, PSS-10, PHQ-15.					distress compared to control; highlighted cultural adaptation as crucial for caregiver support.	months; effects declined over time; precise estimates)