



Gender Differences in Family Caregiving

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Women Predominate Care for Older Adults



- 70-80% of older adults are cared for at home by family
- 57-81% of caregivers are women
- Most female caregivers are wives or adult daughters, middle – aged and substantial number 65+
- Care-receivers are chronically ill, frail, most have dementia
- Female caregivers have higher levels of depressive and anxiety symptoms and lower life satisfaction.
- Women provide care for a longer period of time and more time per day.
- Women have higher level of stressors
 - Fewer social resources
 - Report lower levels of psychological and physical health
- More women work outside the home
- Smaller families increase pressure on men to assume caregiving roles
- 20-33% of caregivers are men and increasing
- It appears that men approach caregiving differently

Gender Differences in the Caregiving Experience

Motivation for Providing Care

- Attachment
 - Emotional and social connectedness and sense of family obligation
 - Women appear to be more concerned about the emotional well-being of people for whom they provide care.
- Attitudes
 - Women express greater sense of responsibility towards family member, altruism and self sacrifice

Complex mix of expectation and obligation – also love and gratitude.

Some studies suggest that male caregivers are also driven by similar sense of affection, commitment and family responsibility.

Gender Differences in the Caregiving Experience

Time Spent and Duration

- Meta-analytic review of evidence supports women devote greater time to caregiving compared to men
- WHY?
 - Gendered nature of paid work
 - Women are less likely to be employed outside home
 - Women's work roles are viewed as home centered and reflect greater sense of family obligation
- HOWEVER
- There are some inconsistencies on the amount of time spent between men and women
 - Two meta-analytic reviews conclude differences were small
- Agreement that time spent is confounded by other variables
 - Kinship (spouses vs children)
 - Cultural and ethnic influences

Gender Differences in the Caregiving Experience

Types of Tasks

- Studies find that women provide more personal care than men; however, differences are small
- Influenced by
 - patient gender
 - disability levels
 - kinship
 - caregivers marital and employments status
 - family composition
 - race/ethnicity

Gender Differences in the Caregiving Experience

Role-Strain and Role-Conflict

Role-Strain

- Occurs when one is unable to meet the expectations and obligations of multiple roles
- Role-overload – competing demands overwhelm the ability to carry out role.
- Role-captivity – feeling trapped in role

Role-Conflict

- Perceived difficulties fulfilling the caregiver role
- Conflicting and incompatible demands
- Negative consequences emanating from this role

- Studies find that female caregivers experience greater role-strain and role-conflict than male caregivers
- Women have greater interference and limitations in their work and social life due to caregiving
- Greater role strain due to the more intense care they provide leading to greater health problems, less positive outlook on life and greater need for external support.
- Mediated by kinship

Gender Differences in Family Caregiving

Probable Explanations

Sociological –

Expectations of traditional gender roles

- Women are expected to adopt the role of caregiver, men are not
- Role socialization: social and cultural experiences from childhood lead to a different approach to caregiving
 - Ingrained in women
 - Historical labor segregation makes women more available
 - Men may be less adept at expressing their difficulties or emotions
 - Men may be less likely to report difficulties in providing care than women
- Empirical support for theory is lacking

Stress—Coping Theory

- Women have greater exposure to caregiving stressors and differ in appraisal, coping and availability of social support
- Empirical support is lacking

Differences in coping strategies

- Women use more emotion-focused coping and other ineffective coping styles such as fantasy, wishful thinking, denial, escape, avoidance more than men
- Men have wider coping repertoire – problem-solving, acceptance, detachment, distancing
- Could explain higher levels of caregiver burden in women

Gender Differences in Family Caregiving

Other Variables

- Characteristics of the care-receiver
- Severity of illness
 - Behavioral problems
 - Disabilities
- Family composition
- Relationship with care-receiver
- Caregiver demographics
 - Age
 - Marital status
 - Education, employment
 - SES
 - Culture / ethnicity

Culture / Ethnicity

- In some cultures female caregivers are at greatest risk for caregiver burden
 - Familism – precedence given to the family needs over the needs of the individual
 - Family-cohesion – emotional bonding that family members have towards one another
 - Filial responsibility (piety) – tradition of caring for one's elders
- Gender differences within these variables is unclear.
- Higher burden is seen among female caregivers or similar levels of burden between the two genders
- Kinship factors are thought to have significant bearing on gender differences in caregiving.
- Greater burden or strain among spouses (usually wives) than children, although some studies find the reverse

Conclusion

- Women constitute the majority of caregivers.
- Proportion of men is steadily increasing.
- Large body of evidence indicates that women suffer more from negative consequences of providing care
- Gender differences have not been consistently or conclusively documented.
- Magnitude and significance of gender differences is uncertain.
- Majority of studies have been carried out among women; experience of male caregivers has been neglected.
- The effect of variables that mediate the influence of gender on outcomes of caregiving is uncertain.
- Methodological variations among studies complicate the true nature of gender differences.
- Need to address these areas.
- **If gender differences are significant this has major implications for the development of gender-specific caregiver interventions and social policy recommendations to improve the experience of female caregivers.**

References

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Thank You.