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**Overview**

The provision of informal care is an increasingly common experience for individuals globally, as a result of demographic trends resulting in population ageing and an increase in the demand for care; and socio-economic trends, such as greater economic migration, which can affect the supply of care to individuals within and outside the household (Janus and Doty 2018; Pickard 2015; Zhou and Walker 2015). Although both men and women can find themselves providing informal care at different stages of the lifecourse, historically research into informal care provision has predominantly focused on the experiences of women providing informal care (Barnett 2013; Leinonen 2011; Williams et al. 2017). Nevertheless, men’s improving life expectancy alongside women’s, combined with the increasing entry of women into the formal labour market has had an impact on patterns of informal care provision in different country contexts, and placed increasing emphasis on men’s caring roles (Greenwood and Smith 2015; Milligan and Morbey 2016). Indeed, the renegotiation of traditional gender roles, combined with demographic trends, suggests a changing balance between men’s and women’s contribution to informal care provision over time, resulting in a narrowing gender gap in this respect (Grigoryeva 2017).

This chapter starts with a summary of contemporary scholarship in the area of informal care provision, underlining the gender dimensions where appropriate, and distinguishing between research using cross-sectional data and research using longitudinal data, in order to highlight the nuances of this evidence. The chapter then outlines areas for future research, before providing a summary of the key messages emanating from this body of literature.

**Key research findings**

1. Cross-sectional evidence: gender differences in informal care provision

Cross-sectional analysis has consistently found women to provide a disproportionate share of unpaid care, in fact women contribute to 71% of the global hours of informal care, with the highest proportion in low-income countries (Wimo et al. 2018). The 2011 United Kingdom Census data found that 58% of carers were women, however this gender division was reverse among carers aged over 85, with 12% of men and 5% of women in this age group providing mostly spousal care (ONS 2013). Women are more likely to care for parents/parents-in-law, other kin and non-kin, while men mainly provide care for their spouse or partner (Glauber 2016; Vlachantoni 2010). Women also tend to provide more demanding and intensive forms of daily care, such as personal care (e.g. help with bathing), whereas men are more likely to provide support of an instrumental nature (e.g. help with shopping) (Eurocarers 2017). However, gender differences become more nuanced later in the life course: whilst women overall provide more hours of care, most studies found that men committed more time to caregiving after the age of 70 (Arber and Ginn 1995; ONS 2013; Vlachantoni 2010). Part of the reason for this pattern relates to men’s greater likelihood to provide spousal care and their greater likelihood to be married in later life, thereby ‘catching-up’ with women in care provision in later age (Glauber 2016).

Gender differences are more pronounced in care provided outside the household. Using the American Health and Retirement study Grigoryeva (2017) found that daughters on average provided 13.6 hours of care per month to a parent, compared to sons’ 5.9 hours. The author also noted that brothers often pass on caregiving responsibilities to their sisters, whereas sisters tend to share caregiving among themselves. Gender norms are also evident in respect to the gender of the parents, and daughters provide relatively more care to mothers and sons provide relatively more care to fathers (Arber and Ginn 1995; Grigoryeva 2017; Pillemer and Suitor 2014). However, such gender differences are less noticeable among spousal and partner caregivers (Pinquart and Sörensen 2006; Silverstein and Giarrusso 2010). Del Bono et al. (2009) used individual records from the 2001 UK Census to show that after adjusting for marital status and household type, gender differences in care provision disappear (Del Bono et al. 2009). Some research has found that husbands are less likely to provide care for their wives, should their difficulties with Instrumental Activities of Daily Living (IADL) increase (Feld et al. 2010). However, this has been disputed by Langner and Furstenberg (2018) who noted that men increased their care provision equal to women in time of need, resulting in men and women providing similar care hours.

1. Longitudinal evidence: the gendered dynamics and impact of care provision

Using longitudinal analysis has allowed researchers to examine the dynamics of informal care provision over time, as well as the impact of care provision on the carer’s circumstances, for example their health or economic activity status (Brown et al. 2003; Fredman et al. 2010; Jenkins et al. 2009; Vlachantoni et al. 2013). This body of work has often been permeated by gender differences. For example, focusing on the impact of care provision on the carer’s health, O'Reilly et al. (2008) analysed registration data and data from the 2001 Northern Ireland Census on informal care provision alongside registration data on individuals’ mortality risk four years later. The study showed broadly that, although male and female caregivers had lower mortality than non-caregivers, nevertheless the mortality risk increased among caregivers as the number of hours of care provision per week increased. However, there were key gender differences in this respect, even after controlling for age, general health status and other characteristics. For example, men providing 50 hours or more of care per week were 25% less likely than male non-caregivers, and women providing the same number of hours of care were 14% less likely than female non-caregivers, to die in the four subsequent years (Ibid). The gender differences in the health impact of moving in and out of the caring role has been examined to a lesser extent (Ross et al. 2008). For example, Vlachantoni et al. (2016) analysed data from the UK’s Office for National Statistics Longitudinal Study linking 2001 and 2011, and showed that individuals who provided more than 20 hours of care per week in 2001 but were not caring in 2011 were more likely to report poor health than non-carers, while those who provided more than 20 hours of care per week in both 2001 and 2011 were one-third less likely to report poor health in 2011 compared to non-carers at both time points.

The evidence on the impact of care provision on individuals’ economic activity status presents a more complex and gendered picture, with female carers typically faring worse in terms of their socio-economic status than male carers (Carmichael and Charles 2003; Proulx and Le Bourdais 2014). For example, using US data, Van Houtven and colleagues (2013) found that women care providers who continued working decreased their employment by three to ten hours per week (Van Houtven et al. 2013). Similar results have been found in the British context. For example, Gomez-Leon et al. (2017) analysed data from the National Child Development Study (1958 birth cohort) to examine among carers (a) the likelihood of exiting the labour force versus continuing work, and (b) amongst those continuing in work, the likelihood of reducing their hours of employment. This research found that providing care for more personal tasks, and for a higher number of hours, are associated with exiting employment for both men and women carers, however the negative impact of more intense care-giving on reducing one’s working hours was significant only for men, which the authors suggested that it meant that women may juggle intensive care commitments alongside their work or leave work altogether.

**Future Directions of Research**

Existing research into gender differences in patterns and dynamics of care provision has gone a long way towards improving our understanding of an activity which is becoming increasingly important from a social policy perspective in the context of population ageing. From a gender perspective, there are at least three areas which could guide future research endeavours. Firstly, the vast majority of surveys incorporating questions on informal care provision use the indicator of hours of care provided per week in order to measure the intensity of care provision (Carmichael and Ercolani 2016; Ramsay et al. 2013). However, a more widespread use of time use indicators on the part of informal carers, which can spread over a number of days within each week, would help provide a more detailed picture of male and female carers’ time commitment, as well as their perceptions of activities which can or cannot be defined as informal care provision. A second area of future research could focus on the under-researched gender differences within the so-called ‘care dyads’ that is the examination of gender differences among both carers and the care recipients (Rutherford and Bu 2017). Such research could contribute to a more nuanced understanding of cultural differences and perceptions of filial obligation in terms of informal care provision, as well as the preferences of care recipients. A final research direction could explore conceptualisations of male carers globally, aiming to unravel instances of ‘hidden carers’, particularly in country contexts where informal care provision has been synonymous with women carers (Hughes et al. 2017; Knowles et al. 2015).

**Summary**

Although informal care provision is an activity which is becoming increasingly common for men and women alike, nevertheless the vast majority of literature in this area has emphasised women’s caring roles across the life course. However, men are more likely than women to provide informal care in older ages, and also to provide more intense care, largely to their greater likelihood of being spousal carers. The cross-sectional literature highlights important gender differentials in the caring activity, with women being more likely to provide care across most of the life course (except in older ages), and being more likely to provide personal care and to more than one care recipient. An emerging strand of cross-sectional research relates to the gender of both the care provider and the care recipient, and the extent to which sons/ daughters are expected to provide care to their fathers/ mothers respectively in particular country contexts. The longitudinal evidence on the other hand has highlighted the importance of examining the characteristics of care provision (e.g. relationship to care recipient, intensity of care provided) when exploring care provision over time. Notwithstanding such distinctions, this body of work shows that the provision of informal care does not necessarily result in poor health on the part of the carer; nevertheless it does appear to result in more adverse effects for women’s economic activity and socio-economic status compared to men’s. Future research examining the provision of informal care in greater detail, by both men and women, can contribute to our better understanding of how the needs of care recipients can be met in the future, and what the role for formal systems of social care is.

Cross-references:

**References**

Arber S, Ginn J (1995). Gender differences in informal caring. Health & Social Care in the Community 3:19-31 doi:10.1111/j.1365-2524.1995.tb00003.x

Barnett AE (2013). Pathways of Adult Children Providing Care to Older Parents Journal of Marriage and Family 75:178-190 doi:10.1111/j.1741-3737.2012.01022.x

Brown SL, Nesse RM, Vinokur AD, Smith DM (2003). Providing social support may be more beneficial than receiving it: Results from a prospective study of mortality Psychological Science 14:320-327 doi:10.1111/1467-9280.14461

Carmichael F, Charles S (2003). The opportunity costs of informal care: does gender matter? J Health Econ 22:781-803 doi:10.1016/s0167-6296(03)00044-4

Carmichael F, Ercolani MG (2016). Unpaid caregiving and paid work over life-courses: Different pathways, diverging outcomes Social Science & Medicine 156:1-11 doi:10.1016/j.socscimed.2016.03.020

Del Bono E, Sala E, Hancock R (2009). Older carers in the UK: are there really gender differences? New analysis of the Individual Sample of Anonymised Records from the 2001 UK Census Health & social care in the community 17:267-273

Eurocarers (2017). The gender dimension of informal care - 2017. Eurocarers. <https://eurocarers.org/userfiles/files/The%20gender%20dimension%20of%20informal%20care.pdf>. Accessed on 26.09.2018

Feld S, Dunkle RE, Schroepfer T, Shen H-W (2010). Does Gender Moderate Factors Associated with Whether Spouses Are the Sole Providers of IADL Care to Their Partners? Research on aging 32:499-526 doi:10.1177/0164027510361461

Fredman L, Cauley JA, Hochberg M, Ensrud KE, Doros G (2010). Mortality Associated with Caregiving, General Stress, and Caregiving-Related Stress in Elderly Women: Results of Caregiver-Study of Osteoporotic Fractures Journal of the American Geriatrics Society 58:937-943 doi:10.1111/j.1532-5415.2010.02808.x

Glauber R (2016). Gender Differences in Spousal Care Across the Later Life Course Research on aging:1-26

Gomez-Leon M, Evandrou M, Falkingham J, Vlachantoni A (2017). The dynamics of social care and employment in mid-life Ageing and Society:1-28 doi:10.1017/S0144686X17000964

Greenwood N, Smith R (2015). Barriers and facilitators for male carers in accessing formal and informal support: A systematic review Maturitas 82:162-169 doi:10.1016/j.maturitas.2015.07.013

Grigoryeva A (2017). Own Gender, Sibling’s Gender, Parent’s Gender: The Division of Elderly Parent Care among Adult Children American Sociological Review 82:116-146 doi:10.1177/0003122416686521

Hughes M, McKay J, Atkins P, Warren A, Ryden J (2017). Chief cook and bottle washer: life as an older male carer Journal of Community Nursing 31:63-66

Janus AL, Doty P (2018). Trends in Informal Care for Disabled Older Americans, 1982-2012 Gerontologist 58:863-871 doi:10.1093/geront/gnx076

Jenkins KR, Kabeto MU, Langa KM (2009). Does caring for your spouse harm one's health? Evidence from a United States nationally-representative sample of older adults Ageing & Society 29:277-293 doi:10.1017/s0144686x08007824

Knowles S, Combs R, Kirk S, Griffiths M, Patel N, Sanders C (2015). Hidden caring, hidden carers? Exploring the experience of carers for people with long-term conditions Health & Social Care in the Community 24:203-213 doi:10.1111/hsc.12207

Langner LA, Furstenberg FF (2018). Gender Differences in Spousal Caregivers’ Care and Housework: Fact or Fiction? The Journals of Gerontology: Series B:gby087-gby087 doi:10.1093/geronb/gby087

Leinonen AM (2011). Adult children and parental care-giving: making sense of participation patterns among siblings Ageing & Society 31:308-327 doi:10.1017/s0144686x10001042

Milligan C, Morbey H (2016). Care, coping and identity: Older men's experiences of spousal care-giving Journal of Aging Studies 38:105-114 doi:<https://doi.org/10.1016/j.jaging.2016.05.002>

O'Reilly D, Connolly S, Rosato M, Patterson C (2008). Is caring associated with an increased risk of mortality? A longitudinal study Social science & medicine (1982) 67:1282-1290 doi:10.1016/j.socscimed.2008.06.025

ONS (2013). 2011 Census analysis: Unpaid care in England and Wales, 2011 and comparison with 2001 vol 2013. Office for National Statistics

Pickard L (2015). A growing care gap? The supply of unpaid care for older people by their adult children in England to 2032 Ageing and Society 35:96-123

Pillemer K, Suitor JJ (2014). Who provides care? A prospective study of caregiving among adult siblings The Gerontologist 54:589-598

Pinquart M, Sörensen S (2006). Gender differences in caregiver stressors, social resources, and health: An updated meta-analysis The Journals of Gerontology Series B: Psychological Sciences and Social Sciences 61:P33-P45

Proulx C, Le Bourdais C (2014). Impact of providing care on the risk of leaving employment in Canada Canadian journal on aging = La revue canadienne du vieillissement 33:488-503 doi:10.1017/s0714980814000452

Ramsay S, Grundy E, O'Reilly D (2013). The relationship between informal caregiving and mortality: an analysis using the ONS Longitudinal Study of England and Wales Journal of Epidemiology and Community Health 67:655-660 doi:10.1136/jech-2012-202237

Ross A, Lloyd J, Weinhardt M, Cheshire H (2008). Living and caring? An investigation of the experiences of older carers International Longevity Centre, UK, London

Rutherford AC, Bu F (2017). Issues with the measurement of informal care in social surveys: evidence from the English Longitudinal Study of Ageing Ageing and Society:1-19 doi:10.1017/S0144686X17000757

Silverstein M, Giarrusso R (2010). Aging and Family Life: A Decade Review Journal of Marriage and Family 72:1039-1058 doi:10.1111/j.1741-3737.2010.00749.x

Van Houtven CH, Coe NB, Skira MM (2013). The effect of informal care on work and wages J Health Econ 32:240-252 doi:10.1016/j.jhealeco.2012.10.006

Vlachantoni A (2010). The demographic characteristics and economic activity patterns of carers over 50: evidence from the English Longitudinal Study of Ageing Population Trends:54

Vlachantoni A, Evandrou M, Falkingham J, Robards J (2013). Informal care, health and mortality Maturitas 74:114-118 doi:10.1016/j.maturitas.2012.10.013

Vlachantoni A, Robards J, Falkingham J, Evandrou M (2016). Trajectories of informal care and health SSM - Population Health 2:495-501 doi:<http://dx.doi.org/10.1016/j.ssmph.2016.05.009>

Williams LA, Giddings LS, Bellamy G, Gott M (2017). ‘Because it’s the wife who has to look after the man’: A descriptive qualitative study of older women and the intersection of gender and the provision of family caregiving at the end of life Palliative Medicine 31:223-230 doi:10.1177/0269216316653275

Wimo A, Gauthier S, Prince M (2018). Global estimates of informal care. London

Zhou J, Walker A (2015). The need for community care among older people in China Ageing and Society 36:1312-1332 doi:10.1017/S0144686X15000343