



Gender and care in later life

Indicators and experiences to improve policy and research

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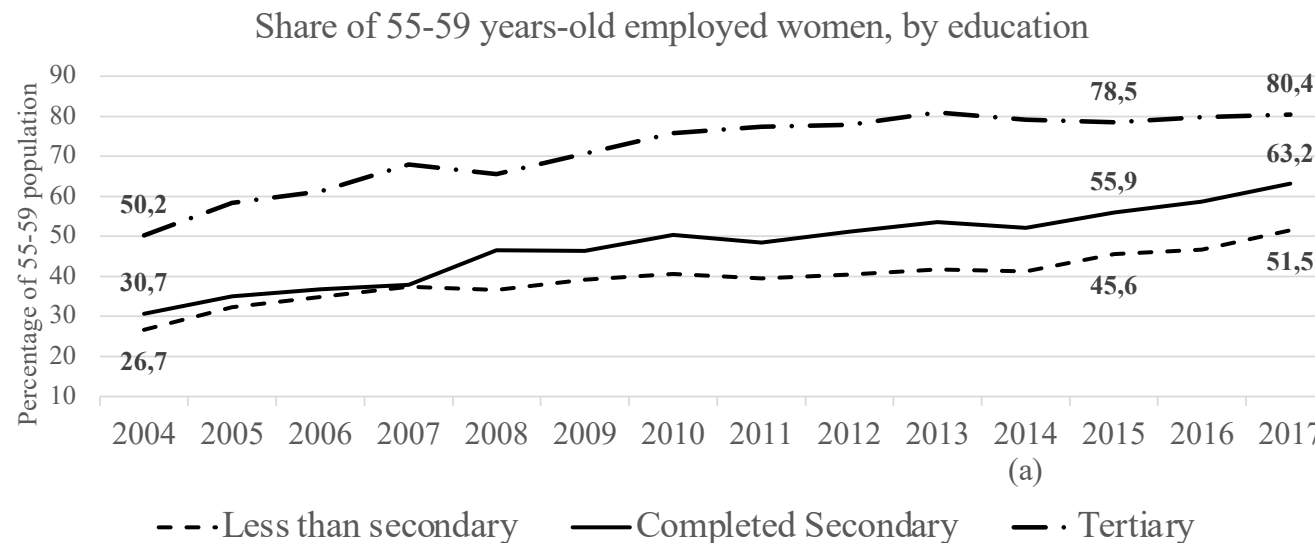


2020

Austria: 2004 pension reform labour market outcomes

2004: Major reform(s) to the Austrian pension system

Higher employment rates, differentiated by education



Rodrigues and Ilinca (forthcoming), based on LFS data

Employment and caring: What do we know

- **Negative effect** of employment on informal caregiving
(Michaud et al 2012, He & McHenry 2016, Mazzotta et al 2020)
- particularly for **more affluent** (Mentzakis et al 2009, Carmichael et al 2010)
- ... and **high intensity** in US (He & McHenry 2016), **low intensity** in Germany (Fischer & Müller, 2020)
- **Higher educated** less likely to be carers; have **smaller reductions** in hours worked
(Tokunaga & Hashimoto, 2017; Hohmeyer & Kopf, 2018, Speiss & Schneider, 2003).

Research questions and hypotheses

RQ: How these changes in female employment affected informal care provision (for frail old individuals)?



Fact:

Female employment increased for some educ groups



Hypothesis 1.1:
Women **less likely to care** (probability)



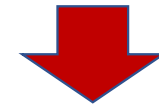
Hypothesis 1.2:
Women provide **less care** (intensity)



Hypothesis 2:
Female carers **reduced leisure**



Hypothesis 3:
Female carers have **higher burden**



Hypothesis 4:
Men now more likely to care

Method: compare 2004 with 2015 with SHARE for Austria

No reduction of care prob (H1.1), but rather of intensity (H1.2)

	Prob. provide informal care		Prob. provide high intensity care	
	1st wave (2004)	6th wave (2015)	1st wave (2004)	6th wave (2015)
AMEs for differences between time points				
Primary education	1	0.0182	1	0.3569*
Secondary education	1	0.0336	1	-0.0696
Tertiary education	1	0.0844	1	-0.1037
AMEs for differences between education				
Primary education	1	1	1	1
Secondary education	0.0947	0.1102	0.0066	-0.4203**
Tertiary education	0.0448	0.1084	-0.0074	-0.4737**
Sample size	409	661	139	268

* p-value < 0.1; ** p-value < 0.05; *** p-value < 0.001

- H2 and H3 were not confirmed: leisure and burden remained constant
- H4 not confirmed: no shifting of responsibilities for men

Rodrigues and Ilinca (forthcoming), based on SHARE data. Weighted results Logistic regression results, including controls for age, marital status, having children, employment status, household income quartile, physical and mental health status.

Gender, widowhood and care use

Widowhood and bereavement are among the most distressing life events individuals can experience, with **profound consequences on care needs and availability of care resources**

The **majority of widowed individuals are women**, many transitioning to widowhood and living alone concomitantly

Gender is an important determinant for the experience of and adjustment to late life widowhood:

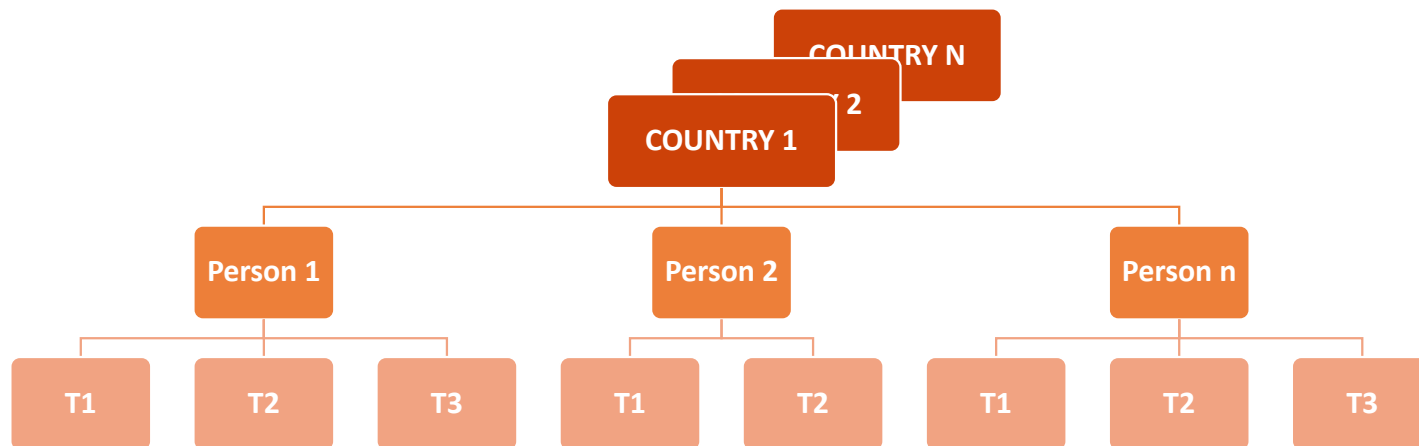
- Women are more vulnerable to financial distress and poverty after the loss of a spouse
- Men experience more pronounced adverse mental and physical health effects

Our contribution to the field

RQ1: Do widowhood (the state of having lost a spouse) and bereavement (the transition into widowhood) impact long-term care use differently for older women and men?

RQ2: Does access to financial and social capital (i.e. educational achievement) intersect with gender to influence patterns of community-based care use for older women and men?

Structure of SHARE
dataset



Mediating gender effect on care use for widowed older people

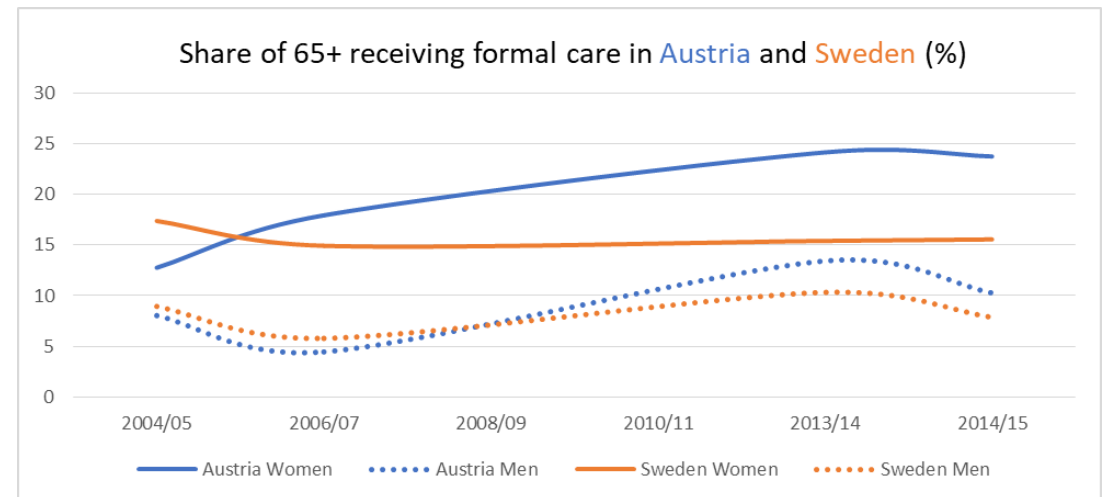
	Women	Men	
(State of) Being widowed	0.328***	0.438**	} Increased care use for all widowed, but only women are affected by transitions into widowhood
Transition into widowhood	0.530***	-0.0244	
Low education	-0.136**	-0.0494	} Gender mediates the effect of social and financial capital on care use
Changes in Income	0.0448*	0.0534	
Average Income	0.0544*	0.0539	
(State of) Living alone	0.545***	0.513**	} Living alone and widowhood are independent predictors of care use
Transition to Living alone	-0.182	0.262	
No. of observations	21972	10167	
No. of individuals	8561	4172	

FutureGEN Data Navigator: a glimpse into intersectionality

We are often presented with sex disaggregated data, with **little insight into the differences that contribute to gender gaps:**

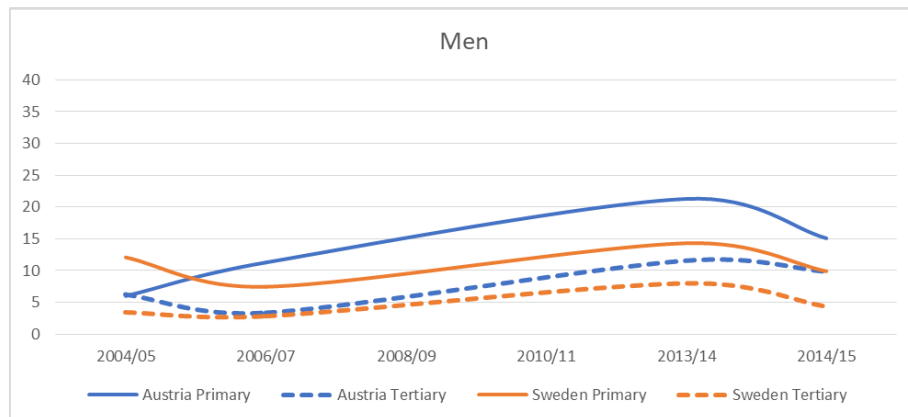
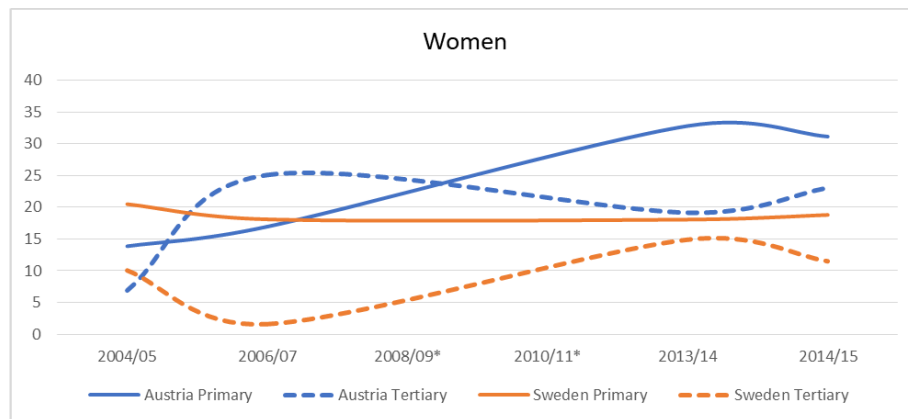
- For example, formal care use is determined not only by care needs, but also by the ability to access and pay for appropriate services

The **Data Navigator** is an **interactive platform** that offers a glimpse into gender gaps in health and care outcomes, as well as in the distribution of underlying resources and determinants

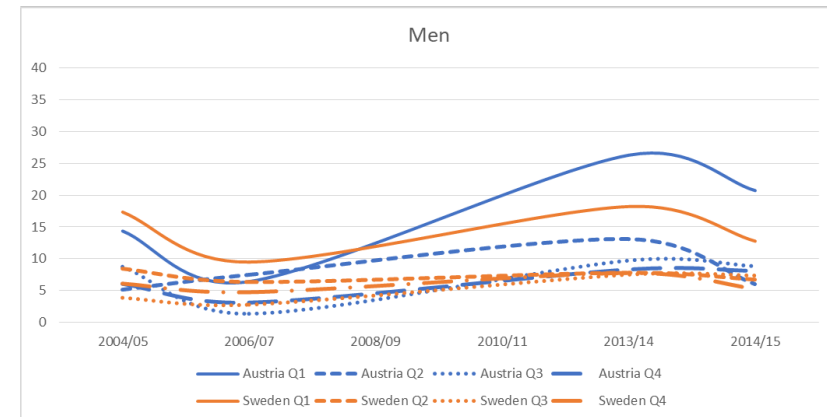
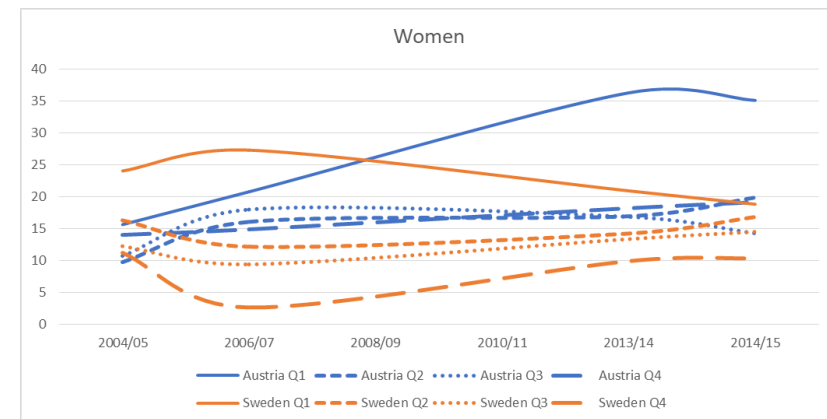


Share of 65+ receiving Formal care (%) by ...

Gender & education



Gender & wealth



Det_Caremix: Familialism, caremix and care ideals in Austria

RQ: (How) is familialism reflected in the ideals of care of care dyads?

Participants: 24 care dyads including older person & adult child who is their main caregiver in Austria; all older people live in their homes (not in institutions); all dyads practice a caremix; gender and SES diversity of participants;

Methods: 48 semi-structured interviews about caregiving and – receiving; framework analysis;

4 different ideals of care

Family care ideal:

conditional or unconditional support from children

„My friend always said to me ‘put her in a home, she wasn’t friendly to you either’, isn’t it? I cannot do that, she is my mother after all.” Carer, female, 63 years

Personal preference ideal:

good care depends of the wishes of the user and the wishes of the (informal) carer (place of living, bodily care)

“Well, the current arrangement is the ideal way. You have to say that. What we sort of put together, so to speak, what corresponds to my mother.” Carer, female 47 years

Involvement in decision-making ideal:

user should be involved in decision-making in everyday life

„We have to go to her each time, get the cards, withdraw, she wants the cash in her hands. Each month we have to go to the bank at least one extra time. That is her will, that is her autonomous decision, which I think is good, on the one side, because I don’t let anyone take that from me either.” Carer, female, 62 years

Gendered care ideal:

link between gender and (good) care

„Well, I don’t like it that much any way, better with a woman (laughs)” User, male, 77 years

Familialism in the experiences of care dyads practicing a care-mix

- Those who practice a caremix often describe a family care ideal; use of formal care does not seem to weaken the role of the family in care in terms of ideals
- examples of the explicitly gendered care ideal are rare; but there is a gender dimension to the other care ideals too
- the ideals are described across the different socio-economic status groups → different practices not due to different ideals but due to different resources



Thank you very much for your attention!



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