



FutureGEN: Evolving gender differences in health & care across cohorts

End of project (2019-2022)

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ASSEMBLY



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Aims of the project

- Examine how GENder inequalities in health (**Objective 1**) and care-giving/receiving (**Objective 2**) have evolved across GENerations in relation to changing contexts and life choices
- Study how in the FUTURE associations between contexts and life choices and GENder inequalities in health (**Objective 3**) and care (**Objective 4**) may evolve
- Disentangle how interactions among social factors including gender and Socio-Economic Position (SEP) alter health and care-giving/receiving (**Objective 5**)
- Determine how to minimize gender bias embedded in health and care research by carefully considering gendered meanings of measures and methodologies used (**Objective 6**)

Outline

- ❑ Gender & older people's definitions of ageing well
- ❑ Gendered trends of informal caregiving across cohorts
- ❑ Measuring gender biases in care research
- ❑ Partnership transitions, living arrangements & care use
- ❑ Gender role attitudes & care to older parents

FutureGEN qualitative study on older people's perspectives on ageing well

- Does gender shape older women's and men's definitions of ageing well?
- Do participants themselves perceive gender to shape definitions of ageing well?
- Do participants themselves perceive gender to shape experiences of ageing well (the importance of social relationships)?

Methods

- **Recruitment:** through organisations and advocates for older people, snowballing through personal contacts
- **Sampling:** 60 individuals who are 60+ (20 each in Austria, Canada, Sweden); aim to include women and men and people with higher and lower socio-economic status in all three countries through recruitment points
- **Data gathering:** Semi-structured interviews over the phone and videocalls on ageing well, health, disability, support, living arrangements; (back) translation into Swedish and German; pilot interviews
- **Data analysis:** data sharing agreement; framework analysis of interview transcripts; development of the coding frame; refinement with three Canadian interviews; framework matrix; description and refinement of theme

Defining ageing well through 4 themes

4 themes to describe participants' perspectives on ageing well:

- Multidimensional and participatory process
- Health and wellbeing
- Disability
- Support for ageing well

*“Since, unfortunately, the times are such, **older people are not taken into consideration** in any way anymore. It is sad to hear: ‘You have lived long enough, you should actually die already’”*

Austria, woman, 69 years

*“It means having as little worry as possible, I think. Then **you must first hope that you are healthy**. Otherwise it’s ... none of the other things matter.”*

Sweden, man, 63 years

*“Ageing well means continuing to keep as active as one can in doing the same things you like to do...So keep active, **keep having some fun, and also staying connected with my kids and family et cetera**”*

Canada, man, 62 years

Gender differences & ageing well

Does gender impact definition of ageing well? Small differences: In Austria, all men mention resources. In Sweden, women talk more about resources, organisations and social connections.

Perceived gender differences in defining ageing well

- Men associated with financial success; women with caring, interest in sustainability and social connections

Perceived gender differences in experiencing ageing well (importance of social contacts)

- Women are more socially active, accept help more easily; men lose social connections through retirement, need something to socialise around, feel need to be independent

Discussion

Women as disadvantaged in several domains in later life (e.g. health, financial resources) but perceived as having it easier when it comes to ageing well.


What are the implications?

- Take different dimensions of ageing well into account, raise awareness on women's disadvantages, address perceived gender differences, create conditions that enable men to age well

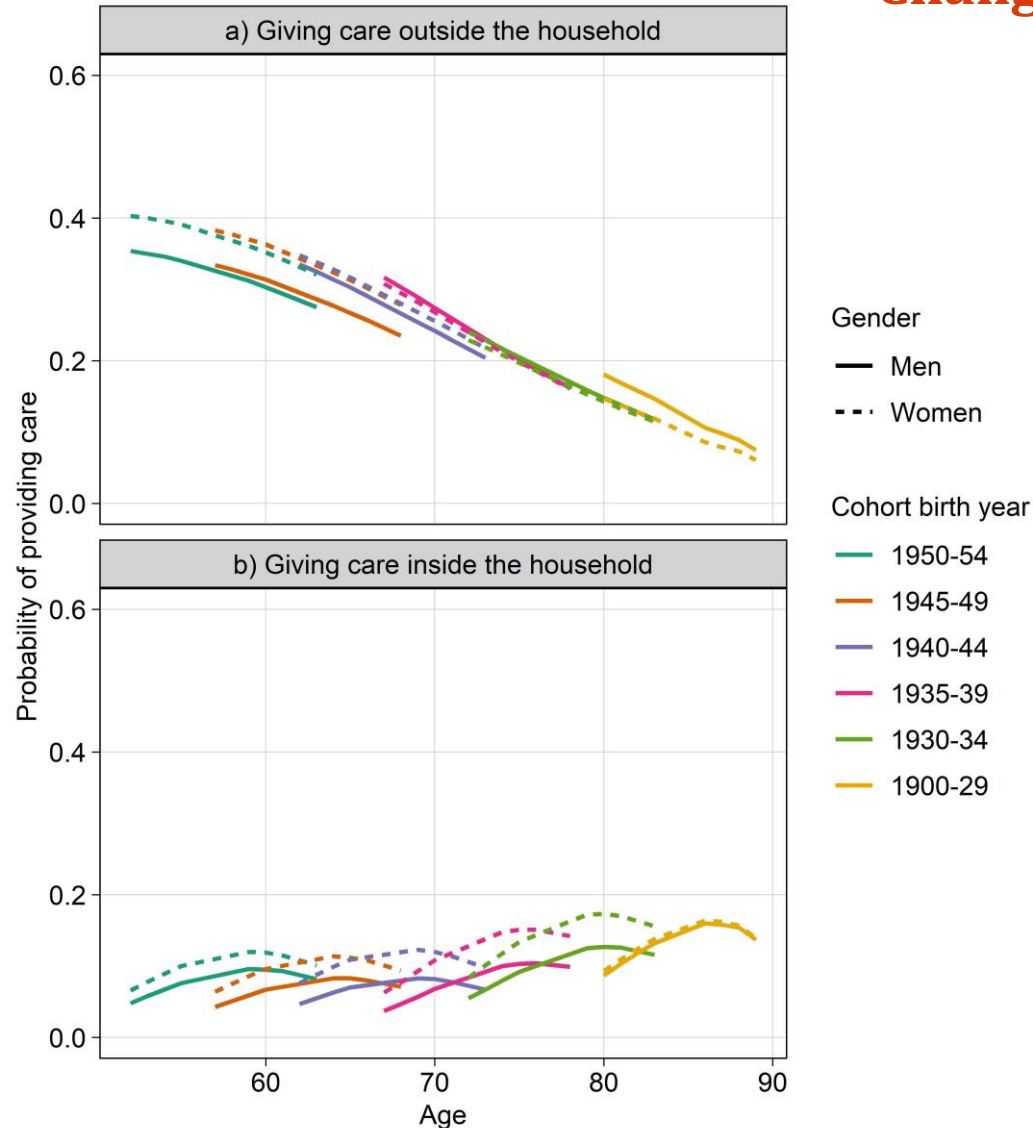
Informal care cohort study

Number of sociodemographic transformations (increasing life expectancy, women's labour force participation, shifting gender roles and norms) and institutional changes (expansion of care services, cash benefits, etc.) in recent decades

How has caregiving evolved across generations?

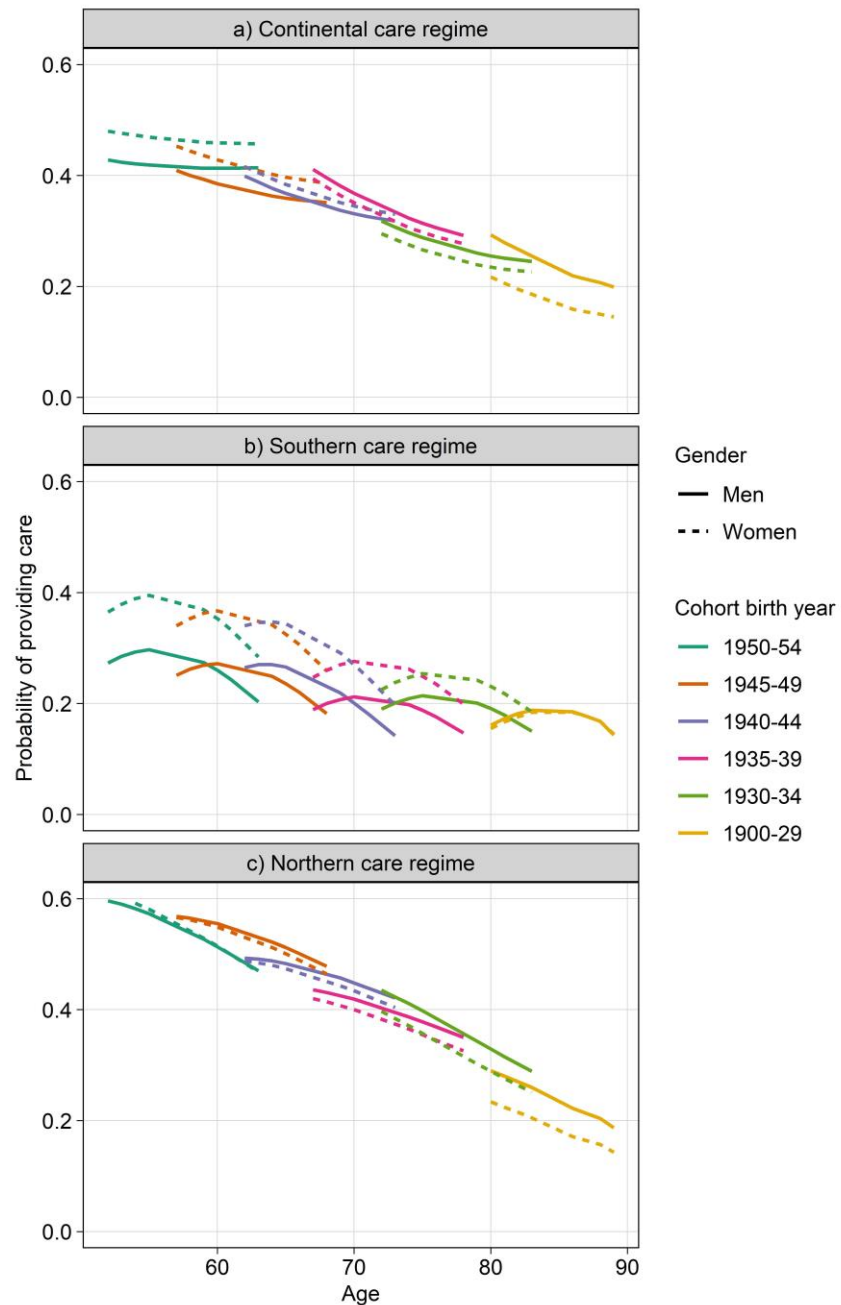
1. Has the gender gap in informal caregiving changed?
 2. If so, is this due to changes in caregiving by women and/or men?
 3. Has the gender care gap changed differently across care regimes?
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Changes in prevalence & intensity of care across time



- Increasing gender gap in care provided **outside the household**; men providing less
- Increasing relevance of **care inside the household**, likely due to increases in life expectancy
- Result of increases in retirement age; more years spent alive in poorer health
- **Intensity of care** provided outside the household has decreased across cohorts
 - Spousal care likely replaced intense care previously provided outside the household
 - Impact of pension reforms on women's intense caregiving?

Changes across care regimes



- Continental Europe: widening gender gap due to women in later cohorts providing more care
- Southern Europe: reduced probability of providing care
- Nordic countries: narrowing gender gap

Policy implications

- Potential unmet care needs
- Women continue to provide the bulk of care despite educational and labour-market gains
 - Need for policies that promote care by men
 - Further support policies for carers: Policies aimed at full-time employment likely don't account for "second shift" carried out by women
- Need for support for spousal carers (more intense care)
- Nordic region as beacon of hope (greater service availability, gender equality-friendly norms and policies)

Measuring gender biases in care research

- Discrepancies in reporting informal care/identifying as a carer; large implications for informal care research & economic valuation of care
- Underestimation of scope and scale of care with current survey measures; only researched in the UK so far (Rutherford & Bu, 2017; Urwin et al. 2021)
- How to minimize gender bias embedded in health and care research by carefully considering gendered meanings of measures and methodologies used?

Minimizing gender bias in care research

- Survey instruments appear to underestimate the prevalence of care
- **Gender biases** in reporting care:
 - Women are more likely to both see themselves and have their spouses recognize them as carers
 - Men less likely to identify as informal carers & to be identified as carer by spouse
- **Health** of cared-for person & **household size** associated with agreement on care provided
- **Care-regime-related discrepancies:**
 - Women more likely to accurately report being carers in Continental and Southern Europe
 - More likely that men are the carers when care is unconfirmed by care recipient in Southern Europe
 - Men less likely to report being informal carers in Continental Europe

Research & policy implications

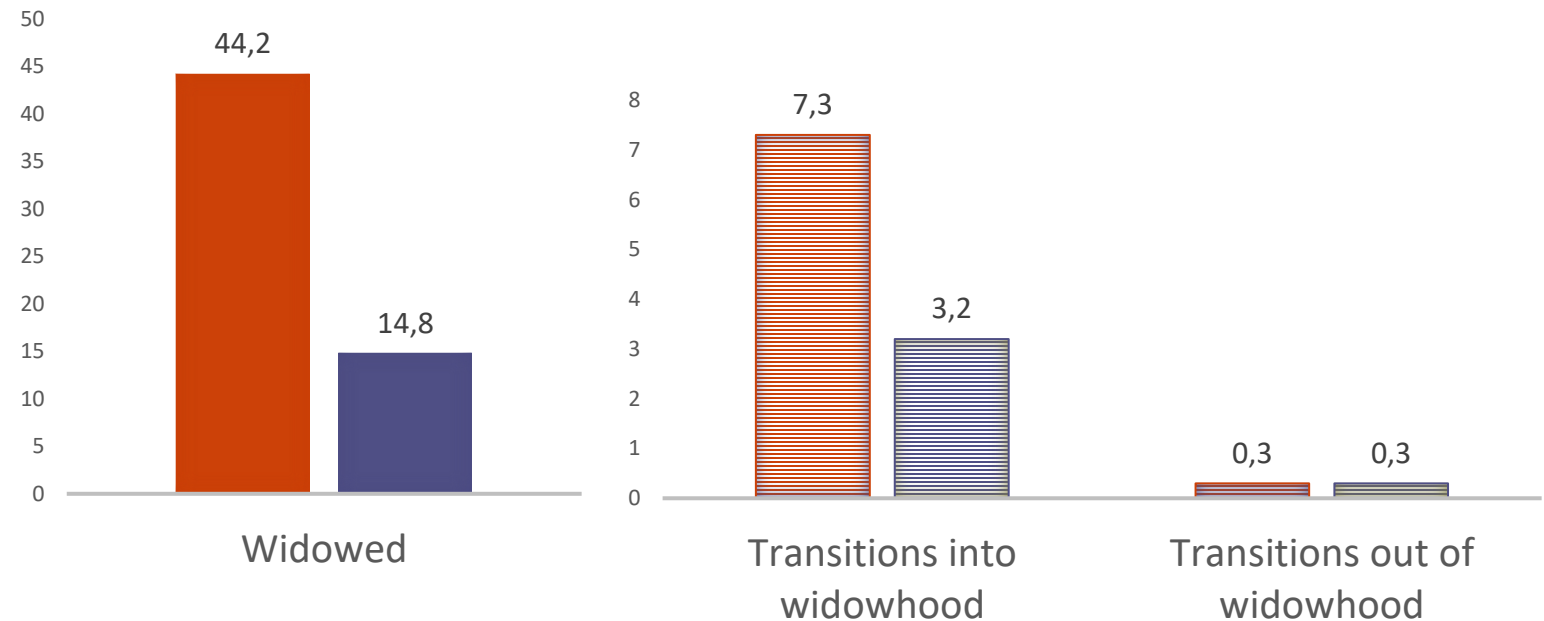
- Careful consideration needed when designing surveys
 - Use of survey prompts to ensure care is understood in the same way by all
 - Formulation of questions
 - Routing of questions
- Greater social awareness/social acceptability of being a carer, particularly for men
- Gender gap in care may be narrower than we think

Partnership transitions, living arrangements & care use

- Growing literature confirms gender specific associations between **partnership/marital transitions** (particularly widowhood), **living arrangements** (particularly living alone) and **care use patterns in later life**
- Frequent co-occurrence of widowhood and living alone - overlapping or independent effects?
- Relationship btw (transitions into) widowhood and living arrangement and the probability of receiving needed home and community-based care - gender-specific patterns?

What we found:

➤ The share of women who transition into widowhood is substantially higher than that of men



Unweighted pooled data (SHARE 2004–2015)

European Journal of Ageing
 https://doi.org/10.1007/s10433-022-00717-y

ORIGINAL INVESTIGATION

Gender differences in access to community-based care: a longitudinal analysis of widowhood and living arrangements

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Abstract
 Persistent inequalities in access to community-based support limit opportunities for independent living for older people with care needs in Europe. Our study focuses on investigating how gender, widowhood and living arrangement associate with the probability of receiving home and community-based care, while accounting for the shorter-term associations of transitions into widowhood (bereavement) and living alone, as well as the longer-term associations of being widowed and living alone. We use comparative, longitudinal data from the Survey of Health, Ageing and Retirement in Europe (collected between 2004 and 2015 in 15 countries) specifying sex-disaggregated random-effects within-between models, which allow us to examine both cross-sectional and longitudinal associations among widowhood, living arrangements and community-based care use. We find widowhood and living alone are independently associated with care use for both older women and men, while bereavement is associated with higher probability of care use only for women. Socio-economic status was associated with care use for older women, but not for men in our sample. The gender-specific associations we identify have important implications for fairness in European long-term care systems. They can inform improved care targeting towards individuals with limited informal care resources (e.g. bereaved older men) and lower socio-economic status, who are particularly vulnerable to experiencing unmet care needs. Gender differences are attenuated in countries that support formal care provision, suggesting gender equity can be promoted by decoupling access to care from household and family circumstances.

Keywords Long-term care · Bereavement · Informal caregiving · Europe · REWB models

Background and objectives
 Increasing numbers of older adults spend longer periods with chronic illness and functional limitations, rendering them reliant on formal and informal support to continue living independently in the community (Spasova et al. 2018). Large differences in the availability and affordability of home and community-based care services—commonly referred to as ‘long-term care’ in the European context and throughout this paper—lead to marked variability in how older people in need of care can access such support across European countries (Oliveira and Llena-Nozal 2020; Rodrigues et al. 2018). Such inequalities have been revealed and likely deepened by the Covid-19 pandemic and some of the control measures imposed in its aftermath. Furthermore, taken together, key life events and socio-economic dynamics create variability in care needs and care use patterns between different groups within those same countries, such that available care is not always used by those in most need, but rather

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What we found:

- Widowhood and living alone are strong independent predictors of long-term care use for older women and men alike
- Widowhood is associated with a higher probability of care use for both sexes, but transition to widowhood (*within effect*) increases the probability of receiving care only for older women

	Demographics adj.		Health adj.		SES adj.		Living cond. adj.	
	Women	Men	Women	Men	Women	Men	Women	Men
Widowhood								
within effect	1.632***	1.283	1.465**	1.072	1.486**	1.086	1.699***	0.976
between effect	2.267***	2.323***	2.095***	2.343***	2.143***	2.375***	1.388***	1.550**
Living alone								
within effect							0.833	1.300
between effect							1.727***	1.670**
No. of obs.	21,972	10,167	21,972	10,167	21,972	10,167	21,972	10,167

- Care regimes - **Eastern:** widowhood and bereavement only affect women; **Nordic:** no effect; **Continental & Southern:** same results as above

Policy implications

- Need for informed policies that address care gaps for groups at risk (i.e., bereaved individuals)
- Men becoming widowed might be more vulnerable
- Needs assessment following changes in key life transitions such as widowhood
- Care use and SES - significant association btw income/education and probability of care use among women, but not among men

Gender role attitudes & care to older parents

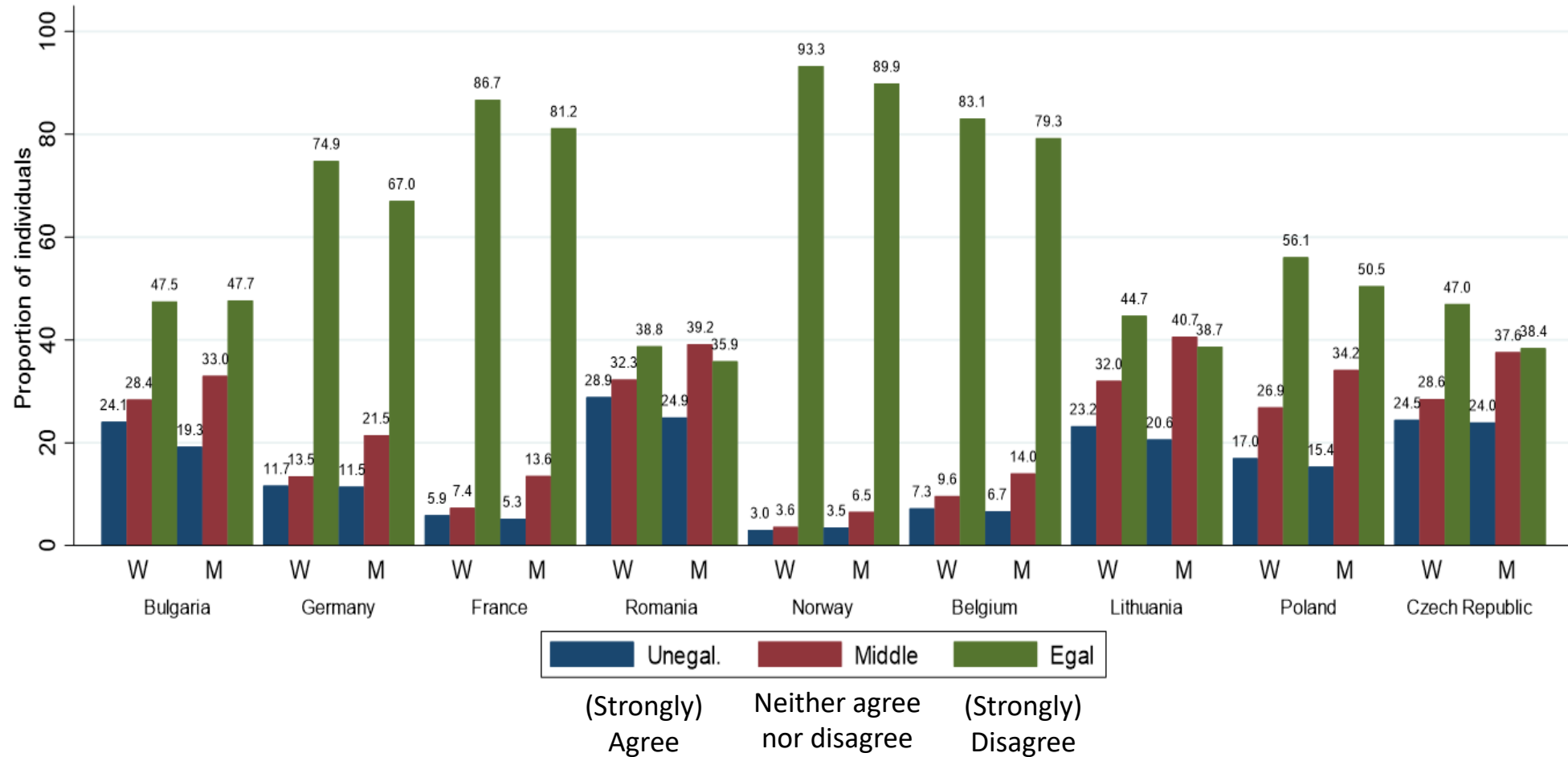
Significant gains in women's participation in the public sphere (e.g., labour market), yet informal care to older people remains highly gendered

Attitudinal trends suggest gender role attitudes toward the work and family roles of men and women becoming more egalitarian incl. growing support for men's involvement in the domestic sphere

Literature shows positive relationship between more egalitarian gender attitudes and men's care provision to children

Is this the case for informal care provided to older parents?

“When parents are in need, daughters should take more caring responsibility than sons” (our gender role attitude variable from the GGS)



Gender role attitudes have a differential impact on women's and men's probability to providing care

- Having gender egalitarian beliefs **significantly reduces** the probability to provide care **for women**, and **increases** it for men
- **Effect** of gender role attitudes on caregiving **stronger for women** than for men

	Model 1		Model 2		Model 3		Model 4	
AMEs								
Gender attitude to care (Ref="unequal")	All		Women	Men	Women	Men	Women	Men
In-between	-0.013**		-0.029***	0.013*	-0.027***	0.005**	-0.022**	0.014**
Egalitarian	-0.012**		-0.028***	0.008†	-0.0266***	0.004*	-0.019**	0.011*
	b	SE	b	SE	b	SE	b	SE
Country level variance	0.077	0.039	0.071	0.036	0.069	0.035	0.144	0.071
ICC	0,022		0,021		0,020		0,041	

Does the country context matter?

- The values individuals hold matter for care independent from the institutional/policy context and prevailing gender norms
- Currently it is still more so in the case of women than in the case of men
- It may change for next cohorts of men in the future given their increased participation in childcare that already reflects greater acceptance of their role as caregiver

Need for targeted policies (particularly towards men) to eliminate gender gap in provision of informal care

Project outputs

Publications: 3 peer-reviewed articles published, 4 more under-review, 3 under way (forthcoming Policy Briefs)

- Ilinca, S., Rodrigues, R., Fors, S. *et al.* (2022) Gender differences in access to community-based care: a longitudinal analysis of widowhood and living arrangements. *Eur J Ageing*, <https://doi.org/10.1007/s10433-022-00717-y>
- Fors, S., Ilinca, S., Jull, J. *et al.* (2022) Cohort-specific disability trajectories among older women and men in Europe 2004–2017, *Eur J Ageing*, <https://doi.org/10.1007/s10433-022-00684-4>
- S.P. Phillips, Vafaei A., Yu S., Rodrigues, R. Ilinca, S. Zolyomi, E., Fors, S., (2020) Systematic review of methods used to study the intersecting impact of sex and social locations on health outcomes, *SSM – Population Health*, <https://doi.org/10.1016/j.ssmph.2020.100705>

PhD workshops: 1 in Sweden and 1 in Canada

Data Navigator: time-series on health and long-term care-giving/receiving across European care regimes; metadata; factsheets; 3 dissemination webinars (incl. with Eurocarers and Age Platform Europe) - <https://futuregen.euro.centre.org/data-navigator/>

Symposiums/presentations at scientific conferences e.g., Transforming Care Conference, ESPAnet, ESA, Nordic Congress of Gerontology, Canadian Association of Gerontology Conference etc., **and policy/international organisation events** e.g., OECD Webinar (2020), joint webinar with Austrian policy-makers (2021)

- **Project** on Developing EU-wide survey on gender gaps in unpaid care, individual and social activities (commissioned by EIGE)



Project website:

<https://futuregen.euro.centre.org/>

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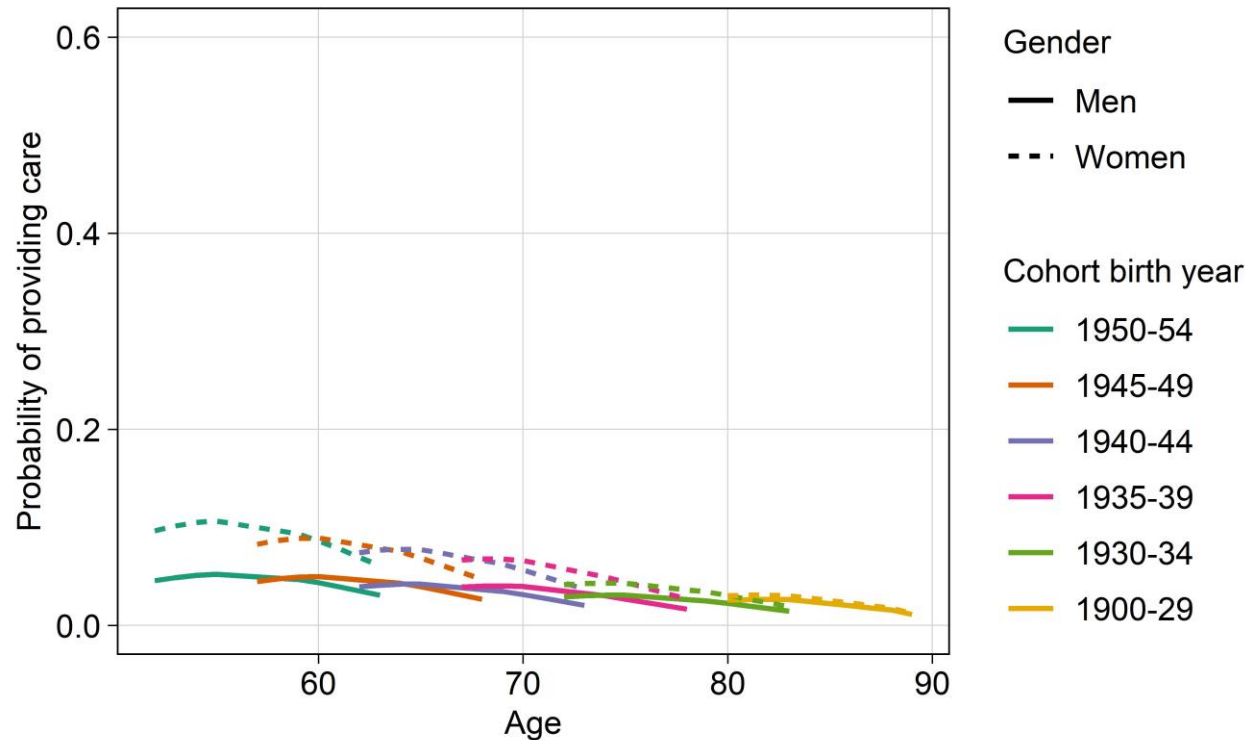
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Changes in caregiving intensity



- Intensity of care provided outside the household has decreased across cohorts
- Spousal care likely replaced intense care previously provided outside the household
- Impact of pension reforms on women's intense caregiving?