

Factors Influencing Parental Caregiving by Adult Women: Variations by Care Intensity and Duration

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Abstract:

This article examines a variety of demographic and structural characteristics that influence the provision of care to elderly parents by adult daughters. In particular, variations in these characteristics by the duration and intensity of care provision are examined. Age, education, and marital status are found to be the most important individual characteristics influencing the provision of care. Parental age, the number of living parents, and the proximity of parents and daughters are also important. However, when caregivers are examined by the duration and intensity of their care, only parental age is consistently related to care. Geographic proximity does not appear significant for women who are providing short, intense periods of care, implying that "crisis" care is undertaken by women despite their distance from parents. This research highlights the importance of distinguishing among different types of caregiving.

Article:

Studies of parental caregiving have focused on the characteristics and tasks of adult daughter caregivers (Stone, Cafferata, and Sangl 1987), the effects of caregiving on the physical and psychological well-being of caregivers (Brody 1985; Zarit, Reeve, and Bach-Peterson 1980), and the likelihood of daughters providing care (Himes 1994). Characteristics of individuals, parents, and families all are thought to play a significant role in determining caregiving. Past studies have found that the majority of caregiving children are daughters (Brody 1981; Stoller 1983) and that usually one child is identified as the primary caregiver (Horowitz 1985). An only daughter, daughters in close geographic proximity, daughters who are not employed, and daughters who are not married all are believed to be at greater risk of becoming parental caregivers (Brody and Schoonover 1986; Crimmins and Ingegneri 1990; Ikels 1983; Stoller 1983). Work by Kivett and Atkinson (1984) and Spitze and Logan (1990) found that the number of siblings and several other demographic factors were related to the provision of parental care by children.

The role of these demographic and structural factors in determining the availability and ability of adult children to provide care has garnered increased attention as the characteristics of adult women and their families have changed. Women are more likely to be in the labor force and that labor force attachment is increasingly stronger than it was in the past (Shank 1988). In addition, women are bearing children at later ages, increasing the chances that they will have young children at home during the times that parents may need care (Himes 1993). This combination of factors has led some analysts to question the ability of families to continue to provide high levels of informal care to elderly persons with impairments (Brody 1981; Doty 1986; Stone and Short 1990). Along with this concern is an increasing awareness of the heterogeneity of the caregiving experience (Stone 1991). Care is provided due to a variety of physical and mental problems of parents, and the intensity of that care varies from phone calls and visits to around-the-clock personal care. Even restricting the definition to physical care allows for a range of durations and intensities of care. It is likely that some types of care are less affected by the characteristics of individuals and their families. Knowing the distribution of care and the influences of specific characteristics on the provision of care will provide a clearer understanding of the effects of changing demographic characteristics on future caregiving. In this research, the relative importance of a variety of individual, parental, and familial factors thought to influence caregiving are examined for a group of women, each of whom has at least one parent in poor health. The importance of these same factors for caregivers only, based on the duration and intensity of their caregiving, are also examined.

Factors Influencing Caregiving

Marital status, employment, and the presence of young children in the household are three factors that often are thought to be associated with a decreased ability or willingness of daughters to provide care (George and Gwyther 1986; Pearlin, Mullan, Semple, and Skaff 1990; Scharlach, Sobel, and Roberts 1991). Most caregivers to parents are married. However, Cicirelli (1983) found that divorced children provided less help to parents than did adult children in intact marriages. In an investigation of the importance of women's marital status in caregiving experiences, Brady and her colleagues found that married women provided fewer hours of care than did unmarried women (Brody, Litvin, Hoffman, and Kleban 1992; Brody, Litvin, Albert, and Hoffman 1994; Lang and Brody 1983). Stoller (1983) found a similar effect in her New York sample of caregivers. Other research has indicated that never-married women are more likely to coreside with parents and that coresidence leads to greater participation in caregiving activities (Soldo and Myllyluoma 1983).

Studies of the multiple roles of women have focused on their increased labor force participation. Employed caregivers have higher levels of job stress, are absent more often, and report making more adjustments to their work schedules than do noncaregivers (Scharlach and Boyd 1989; Stone and Short 1990). Although it is clear that caregiving may negatively affect productivity, there is less evidence that employment actually prevents or stops caregiving by adult children. In fact, most employed caregivers do not report these negative impacts, and many find that employment is a resource when caregiving (Scharlach 1994). A comparison of sisters found that employment was not a significant factor for explaining caregiving differences (Matthews, Werkner, and Delaney 1989). Brody and Schoonover (1986) conclude that women continue to provide large amounts of care, even while employed, although they are more likely to use other sources of informal support.

Few studies have explicitly examined the effect of motherhood on parental caregiving. Other work on women's roles has stressed the added time burdens resulting from young children in the household (Umberson 1989). These findings would support the hypothesis that young children might serve to limit some types of care activities, and the presence of children commonly is incorporated into research on the caregiving role (Spitze and Logan 1990; Stephens, Franks, and Townsend 1994; Stone and Short 1990).

Characteristics of parents also affect the chances that women are called on to provide parental care. Clearly the most important characteristic is the health status of the parents, which declines with age, particularly after 85 years (Verbrugge 1989). Among the elderly who receive care from family members, 42% report five or more limitations in activities of daily living (Stone et al. 1987). Among married elderly, spouses are the first source of care in times of illness (Stone et al. 1987), and so single parents would be expected to be more reliant on children in times of crisis. Financial resources may also play a role in the decision to use informal family care or to purchase care from the formal sector, although evidence of this substitution is weak (Soldo and Freedman 1994). Although the relationship between an adult child and a parent may affect the provision of care, there is some evidence that care takes place even in situations where parent-child relationships are stressed (Cantor 1983).

One factor that has been especially difficult to interpret is the geographic proximity of parents and adult children. Despite higher levels of geographic mobility in recent generations, most children continue to live fairly close to their parents--whether they are providing care or not. Previous research has documented that proximity is closely related to caregiving (Lee, Dwyer, and Coward 1993; Silverstein and Litwak 1993). But although most caregivers live close to parents, some caregiving takes place over considerable distances. Considerable research has pointed to the importance of family structure in the determination of who provides care (Coward and Dwyer 1990; Horowitz 1985; Kivett and Atkinson 1984; Matthews 1987; Spitze and Logan 1990). In a study of the division of caregiving tasks among siblings, Matthews (1987) found that larger sibling groups and sibling groups with more males were more likely to have some siblings who did not provide care or who provided only sporadic care. Spitze and Logan (1990) examined the importance of the gender composition of sibling networks for various measures of intergenerational support. They found that having at least one daughter was significantly related to the frequency of phoning, visiting, and helping an older parent.

Although this wide range of studies has provided valuable information on the characteristics of caregivers, several issues have not been widely or adequately addressed. First, past studies often have failed to compare women of similar risk. To determine whether the experiences of caregivers are different from those of other women, caregivers need to be compared to women who have parents in poor health but who are not caring for those parents. Second, analyses of caregiving must consider the wide variety of experiences captured by the term caregiving. Past research has included activities ranging from emotional support to coresidential nursing care. Clearly, the time commitments, stresses, and intensity of these activities can vary dramatically. Last, even with a consistent definition of caregiving, the duration and intensity of the caregiving tasks may vary greatly. Past studies have not compared women at similar levels of caregiving. Are some factors more important for different levels of care?

In this research, the relative importance of individual, parental, and familial factors for the probability of parental caregiving among women with parents in poor health is examined. By limiting the analysis to women who have at least one surviving parent and who have at least one parent in poor health, stronger conclusions about the role of demographic and structural factors in influencing caregiving can be made. In addition, through an examination of women with differing levels of caregiving duration and intensity, the variation in the effects of these same factors can be determined.

Data and Methods

The analysis uses data from the 1987-1988 National Survey of Families and Households (NSFH). The NSFH is a national probability sample of 13,017 community-dwelling respondents age 19 years or over. The survey was designed to oversample minorities and certain household types such as cohabiting couples, single-parent families, and stepfamilies. Within each household, a randomly selected adult was interviewed. The interview included a wide variety of questions on family relationships and household structures as well as information on attitudes, family background, and well-being (Sweet, Bumpass, and Call 1988). In this research, sample weights are used in descriptive analyses to provide a nationally representative sample.

One goal of the analysis is to compare women of somewhat equal risk of providing parental care. To accomplish that goal, the health status of parents is used as an indicator of the need for care. Respondents in the NSFH were asked to rate each of their living parents' health statuses on a 5-point scale (excellent, good, fair, poor, or very poor). Because our interest is in those parents who may be in need of assistance, this analysis includes only women who have at least one surviving parent and who have at least one parent in fair, poor, or very poor health. Based on these criteria, 2,632 women over age 19 with at least one surviving parent in poor health were selected. Of that group, 313 (about 12%) are caregivers.

The dependent variable in the analysis is the provision of care to a parent with chronic illness. Each respondent was asked whether, during the past year, she had provided care or assistance to a parent due to his or her disability or chronic illness. Women are classified as caregivers if they are providing such care to any parent living with them or living elsewhere. Unfortunately, the survey does not distinguish whether the care is provided to a mother or to a father when both are living.

Caregivers for noncoresidential parents are divided further into four groups based on the duration and intensity of their caregiving tasks.¹ Duration is measured by the number of weeks during the past year that women reported providing care. Intensity is measured by the number of hours each week that caregiving took place. The distributions of these variables are highly skewed, and divisions in these variables were made on substantive and statistical grounds. Ideally, groups of roughly equal size could be formed based on these two variables. However, the joint distribution of the variables is heavily skewed toward shorter durations and lower intensities. Divisions at 6 months or less duration and at care for less than 2 hours per day resulted in four groups with roughly equivalent mean long and short durations and high and low intensities. Among the caregivers, 28% fell into the short-duration/low-intensity group, 33% fell into the short-duration/high-intensity group, 29% fell into the long-duration/low-intensity group, and 10% fell into the long-duration/high-intensity group.

Several characteristics of individuals, parents, and families discussed earlier are included in the analysis. Individual factors include each woman's age, marital status, employment status, education, and health as well as the presence of children in the household. Parental factors include parents' age and geographic proximity as well as the number of living parents. Familial factors include the number and gender of siblings.

There is some evidence that never-married women are more involved in caregiving, so marital states are separated into those currently married, those previously married, and those never married. The general health status of each woman is controlled by a dichotomous measure based on her response to a 5-point scale rating health as excellent, good, or fair (considered "good" health) or poor or very poor (considered "poor" health). The current employment status of the woman is measured by a simple question: "Are you currently employed?" The presence of children in the household is characterized by the presence of children under age 5 and the presence of children between ages 5 and 18, with the reference group being those women with no minor children at home. As an indicator of social and economic status, the number of years of completed education is included.

The presence of two parents may increase the risk of a daughter providing care or, if the parents are married, may reduce a parent's need for care by children. This concept is operationalized through a single variable that distinguishes women with only one living parent from those with two living parents. The NSFH data provide two independent measures of parental survival: "Is your mother still living?" and "Is your father still living?" However, parental marital status is not as clearly defined in the NSFH data. With respect to parental marital status, respondents were asked only, "Are both of your parents still living and married to each other?" Due to the difficulty in determining marital status when both parents are alive but not married to each other, only survival is used in this analysis. Because the analysis is limited to women with at least one parent where such parents are reported by the daughters to be in poor health, a measure of parental health status is not included. However, parental age is included as a further indication of the need for assistance. In all cases, the age of the oldest surviving parent is used, regardless of which parent is in poor health.

Geographic proximity is measured by the distance in miles to the closest parent's home. The distribution of distances is not linear but rather is heavily skewed to the right; half of all women in the sample live within 10 miles of their closest parents. Various categorizations of the distance variable were tested for statistical and substantive meaning. On substantive grounds, variations at the ends of the distribution were deemed to be of less interest than those in the mid-range. As a result, distances of less than 5 miles and greater than 60 miles were used as extreme categories. Two groups of roughly equal size, each containing about 11% of the total sample, were carved out of the mid-range distance--one for women living 6 to 15 miles from the closest parents and one for women living 16 to 60 miles from the closest parents. Although measures of parental resources would be useful for the analysis, these measures are not available from the NSFH.

Family characteristics are defined in this analysis as the presence of siblings and their genders. Spitze and Logan (1990) conclude that being an only child is different from having siblings and that being an only daughter increases the risks of some types of care. Therefore, three variables are created to capture the sibling structure: whether each daughter has only one living sibling, whether she has more than one living sibling, and whether she has any sisters. For the first two variables, the reference group is those women who have no siblings; for the third variable, the reference group is those women who have no living sisters.

In the analysis group, mean differences between caregiving and noncaregiving women for the individual, parental, and familial characteristics are examined first. Based on these findings, the relative effect of these factors on the probability of caregiving through multivariate logistic regression is investigated, entering sets of explanatory factors individually. Finally, the role that these same characteristics play for different durations and intensities of caregiving is examined through multinomial logistic models.

Results

Table 1 presents descriptive data for the sample. Caregivers are older than noncaregivers, with a mean age of 42.9 years versus 35.4 years. They also are slightly more likely to be in intact marriages, as 63.170 of caregivers

currently are married compared to 61.6% of noncaregivers. Interestingly, given their slightly older average age, caregivers also report slightly better health than do those who are not caregivers. There is little difference in the employment characteristics between the two groups; nearly two thirds of both groups are in the labor force, and both groups have a similar proportion of part-time workers (about one half). But caregivers, due most likely to their older average age, are less likely to have young children in their households (11.9% vs. 27.1%). Caregivers are, however, more likely than non-caregivers to have children between the ages of 5 and 18 living at home. The educational levels are similar between the two groups, with the mean level being slightly higher than 12 years.

The parents of women who are caregivers are older. Both mothers and fathers of caregivers are on average at least 8 years older than the parents of noncaregivers. Caregivers also are less likely to have two living parents than are noncaregivers; only 42% of the caregivers have two living parents versus 67% of the noncaregivers who do. The limitation of the sample to only those women who report their parents' health as fair or poor makes the parental age differences between caregivers and noncaregivers more intriguing. The older age of those parents for whom daughters are caregivers implies that the global measure of health status does not completely capture the variation in functional status among this group; it is a combination of poor health and advanced age that appears to influence the need for care.

Although the average distance from the closest parent is much less for caregivers than it is for noncaregivers (149 miles vs. 690 miles), a significant portion of each group lives within 5 miles of the closest parent. By contrast, more than 19% of noncaregivers live more than 60 miles from their closest parents compared to just 9.6% of caregivers who do. Caregivers and noncaregivers both have, on average, about three siblings and average slightly fewer than two sisters. Based on these univariate differences, a series of logistic models was estimated to determine the effects of the various characteristics on the odds of caregiving. The results of the logistic models, presented as odds ratios in Table 2, indicate that a woman's age, marital status, and education, as well as the number of living parents, parental age, and geographic proximity all are significantly related to caregiving. Surprisingly, the number of siblings and the presence of a living sister are not significant predictors of caregiving, nor are the presence of children (with one exception) and a woman's employment status.

Women who are currently married are at much lower risk of caregiving than are those who have never married or who have been married previously. However, women who are divorced or widowed do not differ significantly from never-married women in the odds of caregiving. Daughters' age is highly significant in Model 1. However, it loses some effect when parents' age is added in Model 2, although being older than age 65 is significantly related to caregiving even after controlling for the age of the parent.

Current employment, health, and the presence of children were not significantly related to caregiving. The presence of a child under age 5 was negatively related to caregiving when only characteristics of individuals were examined (Model 1), but this effect disappeared once other factors were entered into the model. In sum, the chances of caregiving are affected little by two of the three roles, employee and mother, commonly included in analyses of caregiving.

TABLE 1
 Characteristics of Women Who Are and Providing Parental Care
 and of Those Who Are Not (percentages unless otherwise indicated)

	<i>Caregivers</i>	<i>Not Caregivers</i>
Individual characteristics		
Age		
Mean age (years)	42.9	35.4
19-34 years	29.6	52.8
35-49 years	40.4	33.4
50-64 years	23.3	12.6
65 years or over	6.7	1.1
Marital status		
Married	63.1	61.6
Not currently married	21.0	18.2
Never married	15.8	20.3
Health distribution		
Very poor	1.8	1.0
Poor	1.7	3.3
Fair	18.2	20.8
Good	48.9	50.9
Excellent	29.4	24.0
Employment		
In labor force	62.7	64.5
Mean hours of employment	36.4	36.2
Work less than 35 hours/week	29.5	29.3
Children		
Child under age 5 years	11.9	27.1
Child ages 5-18 years	39.7	31.3
Education		
Mean years of completed education	12.7	12.5
Less than 12 years	16.6	19.3
More than 12 years	39.6	40.0
Parental characteristics		
Parent age		
Mother's mean age (years)	70.4	61.0
Mother age 75 years or over	35.6	14.4
Father's mean age (years)	69.1	61.5
Father age 75 years or over	16.1	9.5
Both parents living	42.0	67.1
Distance from closest parent		
Mean distance (miles)	149	690
Less than 5 miles	75.5	67.2
6-15 miles	12.6	8.6
16-60 miles	2.2	4.9
61 or more miles	9.6	19.4

TABLE 1 (Continued)

	<i>Caregivers</i>	<i>Not Caregivers</i>
Family characteristics		
Living siblings		
Mean number of siblings	2.9	3.0
No siblings	12.3	10.4
One sibling	21.3	19.6
Two siblings	23.4	20.6
Three or more siblings	43.0	49.4
Living sisters		
Mean number of sisters	1.7	1.9
No sisters	40.0	33.6
One sister	27.1	28.4
Two sisters	16.6	18.6
Three or more sisters	16.3	19.4
Number of women (unweighted)	313	2,319

NOTE: Means and percentages are weighted to account for the sampling design of the National Survey of Families and Households.

TABLE 2
Logistic Regression Results for Effects of Individual, Parental, and Family Characteristics on the Chances of Parental Caregiving (odds ratios)

	<i>Model 1</i>	<i>Model 2</i>	<i>Model 3</i>	<i>Model 4</i>
Individual characteristics				
Age 45-64 years ^a	2.715*	1.258	1.264	1.262
Age 65 years or over	7.661*	2.812*	2.836*	2.824*
Currently married ^b	0.752	0.679*	0.676*	0.680*
Not currently married	0.833	0.705	0.720	0.720
Health (1 = poor)	0.685	0.652	0.651	0.649
Education	1.089*	1.092*	1.091*	1.093*
Employment (1 = employed)	0.791	0.850	0.849	0.849
Children under age 5 years ^c	0.623*	0.755	0.762	0.755
Children ages 5-18 years	1.342	1.331	1.336	1.330
Parental characteristics				
Number of living parents (1 = both alive)		0.414*	0.412*	0.431*
Parent ages 65-74 years ^d		1.688*	1.689*	1.694*
Parent age 75+ years or over		3.547*	3.546*	3.564*
Distance 6-15 miles ^e		0.781	0.771	0.780
Distance 16-60 miles		0.286*	0.284*	0.287*
Distance 61 miles or more		0.186*	0.187*	0.187*
Family characteristics				
Only one sibling ^f			1.201	
Two or more siblings			1.081	
One or more living sisters				1.046
-2 log likelihood	110.622	244.517	245.142	244.628

*Significant at .05 level.

a. Omitted category is age group 19-44 years.

b. Omitted category is never married.

c. Omitted category is women with no minor children at home.

d. Omitted category is parent under age 65 years.

e. Omitted category is distance less than 6 miles.

f. Omitted category is no living siblings.

Women with two living parents are less likely to be caregivers than are those with single parents. Single surviving parents, most often mothers, must rely more on their children for care and support when ill than do parents who potentially have surviving spouses available to provide care.² Advanced age of a parent also is related to greater odds of caregiving. Because only women who have at least one parent in poor health are included, this result indicates that the types of disabilities that lead to reports of poor health are different by age. As was implied in the bivariate relationships, the age of a parent is capturing additional aspects of frailty not encompassed by the rating of health alone.

Proximity to parents is a strong correlate of caregiving; the closer parents and daughters live to each other, the greater the chance that the daughters are caregivers. Distances of 15 miles or less do not negatively affect the odds of caregiving, whereas living farther than 15 miles away increasingly diminishes the caregiving odds. This certainly is not surprising. The difficulty with this result is in determining whether the effect is the result of daughters or parents moving to be near one another to give or receive care or whether this relationship predates the need for care. Two different aspects of sibling structure were examined: the number of living siblings and the presence of at least one sister. Neither characterization affected the odds of caregiving, nor did the addition of these factors appreciably alter other coefficients in the model or the fit of the model.

The next step in the analysis is to compare the effect of these same characteristics among noncoresident caregivers based on the intensity and duration of their care. The elimination of coresident caregivers from the caregiver population reduces the number of caregiving women to 249. A comparison of the various factors by the intensity and duration of the caregiving reveals that differences appear to be greater based on the duration of care than they do based on the intensity of care (Table 3). Those women who have provided some level of care

for at least 6 months during the past year (the women in the long-duration groups) are older, are in poorer health, are less likely to be employed, and live considerably closer to their parents than do those women who have provided care for shorter periods of time. Women in the group of long-duration/high-intensity caregiving are the oldest; more than 20% are over age 65. Fewer women in this group rate their health as excellent, and their educational attainment is the lowest among the groups; only 19.6% have education beyond high school. One variable, employment, does appear to be related to the intensity of care. Women in the long-duration/high-intensity group, if employed, are much more likely to be working part-time. Women in the caregiving group of short duration and high intensity are also more likely to be part-time workers, despite their generally higher levels of education (48.9% have education beyond high school). The proximity of parents and daughters varies considerably across the caregiving groups; daughters who have provided longer durations of care live much closer to their parents. In fact, all of the caregivers in the long-duration/high-intensity group live within 15 miles of their parents, as do more than 93% of the caregivers in the long-duration/ low-intensity group. By contrast, more than 26% of caregivers who are providing short intensive care live more than 60 miles from their parents.

TABLE 3
Characteristics of Noncoresidential Caregivers, by Duration and Intensity
of Care Provided (percentages unless otherwise indicated)

	<i>Short Duration, Low Intensity</i>	<i>Short Duration, High Intensity</i>	<i>Long Duration, Low Intensity</i>	<i>Long Duration, High Intensity</i>
Individual characteristics				
Age				
Mean age (years)	42.3	39.8	45.1	49.1
19-34 years	27.2	31.6	23.2	18.9
35-49 years	46.7	53.6	37.2	31.2
50-64 years	19.6	13.5	35.6	29.6
65 years or over	6.5	1.3	3.9	20.3
Marital status				
Married	71.9	65.6	71.1	69.8
Not currently married	14.7	14.7	21.0	22.7
Never married	13.4	19.6	8.0	7.6
Health distribution				
Very poor	0.0	2.0	1.0	0.0
Poor	1.3	0.9	2.6	7.6
Fair	23.8	18.1	15.3	22.0
Good	47.1	34.5	54.7	51.6
Excellent	27.8	44.6	26.4	18.8
Employment				
In labor force	76.3	70.5	43.4	51.9
Mean hours of employment	37.4	32.9	35.8	28.0
Work less than 35 hours/week	25.1	46.0	21.5	62.6
Children				
Child under age 5 years	8.2	11.8	18.0	11.3
Child ages 5-18 years	45.7	46.8	37.9	20.6
Education				
Mean years of completed education	12.7	13.0	12.8	12.1
Less than 12 years	10.9	13.0	17.8	28.6
More than 12 years	34.2	48.9	42.1	19.6
Parental characteristics				
Parents' age				
Mother's mean age (years)	69.5	66.1	73.2	75.9
Mother age 75 years or over	30.3	19.6	42.1	52.9
Father's mean age (years)	69.1	68.9	69.8	75.0
Father age 75 years or over	19.4	20.3	12.3	25.8
Both parents living	54.1	52.7	26.7	67.3
Distance				
Distance from closest parent (miles)	123	543	16	6
Less than 6 miles	77.0	56.9	67.9	79.8
6-15 miles	11.8	11.4	25.6	20.2
16-60 miles	0.0	5.3	4.1	0.0
61 miles or more	11.2	26.5	2.4	0.0
Family characteristics				
Living siblings				
Mean number of siblings	2.6	3.2	2.6	2.9
No siblings	6.2	8.7	14.9	18.5
One sibling	22.2	24.3	24.3	24.7
Two siblings	36.4	19.9	22.4	14.9
Three or more siblings	35.2	47.2	38.4	41.9

TABLE 3 (Continued)

	<i>Short Duration, Low Intensity</i>	<i>Short Duration, High Intensity</i>	<i>Long Duration, Low Intensity</i>	<i>Long Duration, High Intensity</i>
Living sisters				
Mean number of sisters	1.3	2.0	1.7	1.7
No sisters	54.6	27.7	37.8	34.4
One sister	21.4	33.3	26.4	38.4
Two sisters	15.4	23.4	21.6	7.1
Three or more sisters	8.6	15.7	14.3	20.0
Caregiving				
Average duration (weeks)	10.6	6.2	49.2	49.6
Average intensity (hours per week)	5.6	41.0	5.3	54.0
Number of women (unweighted)	69	71	76	33

NOTE: Excludes women who coreside with parents. Means and percentages are weighted to account for the sampling design of the National Survey of Families and Households.

These differences imply that the influence of the various factors examined may depend on the type of caregiving. Multinomial logistic models comparing the four groups of noncoresidential caregivers to noncaregivers were estimated to compare the effects of the various factors on the type of caregiving undertaken. Based on the results for all caregivers combined, Model 2 of Table 2 appears to be the most parsimonious model and, therefore, those variables present in Model 2 were included in the multinomial model. Because of the small number of cases in the caregiving groups, the number of variables included in the model, and the significance of coefficients in Table 2, three characteristics—marital status, presence of children, and proximity—were collapsed into dichotomous measures. The results in Table 4 indicate that marital status and health are nonsignificant in distinguishing between the types of caregiving. The age of women was important only for distinguishing long-duration/high-intensity care; older women are much more likely to be in this group. A woman's education level was significant for two groups. Women with higher levels of education generally were more likely to be caregivers for short, intense periods or for long-duration/low-intensity periods. Employment has the effect of reducing the odds of a woman providing long-duration/low-intensity care but is not significantly related to other types of care. By contrast, having a young child at home significantly reduces the odds of care for short, intense periods only.

TABLE 4
Multinomial Logistic Results for Effects of Individual
and Parental Characteristics on Noncoresidential Caregiving,
by Duration and Intensity (odds ratios)

	<i>Short Duration, Low Intensity</i>	<i>Short Duration, High Intensity</i>	<i>Long Duration, Low Intensity</i>	<i>Long Duration, High Intensity</i>
Individual characteristics				
Ages 45-64 years ^a	0.896	0.904	1.791	1.459
Age 65 years or over	1.777	1.291	1.213	7.808*
Not currently married ^b	1.160	1.001	0.848	0.983
Health (1 = poor)	0.691	0.955	0.428	0.885
Education	1.083	1.119*	1.133*	1.040
Employment (1 = employed)	1.427	0.868	0.522*	0.663
Child under age 5 years	0.485	0.417*	0.951	0.905
Parental characteristics				
Both parents living	0.689	0.834	0.248*	0.468
Parent ages 65-74 years ^c	2.182*	1.257	1.450	2.743
Parent age 75 years or over	3.670*	2.987*	2.883*	5.532*
Distance 16 miles or more ^d	0.265*	0.809	0.133*	0.091*

*Significant at .05 level.

a. Omitted category is age group 19-44 years.

b. Omitted category is currently married women.

c. Omitted category is parent under age 65 years.

d. Omitted category is distance of under 16 miles.

If both parents are living, a woman is less likely to be involved in long durations of care at low intensity, a result that likely reflects the dependence of spouses on each other for low levels of care. As was seen in the previous models, older parents were more likely to need care at all levels. An important result is the confirmation that distance plays little or no role in determining short, intense periods of caregiving by women. Women are able to overcome geographic barriers when short periods of care are needed.

Discussion

Examination of the factors thought to influence caregiving reveals that a woman's age, education, and marital status are the most important individual characteristics influencing caregiving among those considered. By contrast, two roles – employee and mother – do not appear to affect the chances that a woman is a caregiver. Parental age, the number of living parents, and the proximity of adult daughters and parents are also significantly related to caregiving. In addition, family size, a demographic factor that is projected to change dramatically over time, does not appear to be a significant predictor of caregiving.

More important may be the increasing age at which parents require care. If parental age is a significant predictor of overall health, then increasing years of life expectancy at old ages are likely to push even higher the age at which care is needed. Depending on the relationship between morbidity and mortality, parents either will need care beginning at later ages or will need care beginning at the same age but lasting for longer periods of time. At the same time, either pattern will increase the ages of women at the time they provide care. The situation of older women caring for older parents is likely to create a new set of service delivery problems if the health of caregivers deteriorates. Alternatively, more years of health life may create conflicts for caregivers in terms of their use of leisure time or decisions to retire.

Based on these findings, fears that the demographic changes of increased female labor force participation and delayed childbearing will decrease family caregiving do not appear to be supported. This evidence, with respect to employment, confirms the conclusions reached by Moen and others that employment, in and of itself, does not appear to diminish caregiving (Moen, Robison, and Fields 1994; Scharlach 1994). What is yet unclear from these studies is the effect of caregiving on later life course events. Does caregiving by a mother have later positive or negative impacts on children? Does caregiving alter the career trajectory of women?

When characteristics of caregivers are examined based on the duration and intensity of the care provided, several interesting results are found. First, it is important to realize that more than one half of the noncoresidential caregivers provided care for less than 6 months during the previous year. About one third of the caregivers fell into the category of both short duration and low intensity. This illustrates the dangers in assuming that caregiving activities are all consuming for all caregivers; many women appear to be involved in short episodic periods of care. In examining the bivariate relationships, provision of care for more than six months during the past year is associated with older parents, closer proximity, and lower levels of employment and education. Women who have provided more than 2 hours of care each day during that time have the oldest parents and are the most likely to be caring for single parents. By contrast, one half of the women who are providing short durations of care have children at home, and nearly three quarters are employed. These women have younger parents, and slightly more than one half have both parents still living. However, very few of these factors distinguish between the types of caregiving when viewed simultaneously.

Although close proximity to parents is significantly related to caregiving, its effect depends on the type of caregiving. Short, intense periods of care are less affected by geographic proximity; children are able to provide bursts of care to meet crises. This type of caregiving accounts for nearly one third of the caregiving examined in this study. Changes in health care financing over the past 10 years have increasingly emphasized fewer and shorter hospital stays and more outpatient treatment, both of which are likely to increase the need for short, intensive care by families following serious illness. These results paint a somewhat optimistic picture of the ability of families to deal with these types of care.

Several limitations of the data used in this study must be kept in mind in interpreting these results. Most significantly, the analyses do not characterize the other resources, either financial or familial, available to frail parents. In that respect, the willingness of daughters to assume the role of caregivers is not examined, nor is the effect of the caregiving on their well-being addressed. Another limitation is the lack of information on the sex of the parents requiring assistance. There is evidence that, all else equal, parents prefer care by same-sex children (Lee et al. 1993), and the absence of caregiving observed in this analysis may not be the result of daughters' inability or unwillingness to provide care but rather may be an indication of the parents' desires.

The lack of comparable measures of the intensity and duration of care for coresiding caregivers introduces another limitation to the interpretation of the results. Coresident caregivers are likely to be different from those who do not reside with parents in a variety of ways. Important research questions surround the path that families take to coresidence; who is more likely to move, daughter or parent? At what stage of ill health does the move take place? Is coresident caregiving of long or short duration? Is coresidence the end of a continuum of caregiving or a separate care strategy?

Certainly, caregiving is influenced by a variety of factors, only some of which were included in this analysis. Daughters are more likely to provide care than are sons, but many sons are caregivers even if they have sisters. Many women provide care to parents-in-law despite the presence of biological daughters. This research concentrated on the most common group of caregivers besides spouses: adult daughters. How these women were selected as caregivers is only partly explained by their demographic characteristics. A more comprehensive study of caregiving should include the whole range of options, including purchased services, available to the frail elderly parents. Do differences in employment, marital, or health status across siblings explain the choice of caregivers? To what extent are demographic or structural factors counteracted by the emotional relationship between children and parents? Does the geographic proximity of daughters matter as much as the emotional proximity of daughters and parents?

This research highlights the need for future research on parental caregiving to include specific definitions of the types of caregiving activities and their intensity. Distinctions should be made between short episodic care following an acute illness episode and longer care provided over the course of a debilitating illness. Some of the issues yet to be addressed are whether participation in the first type of care predisposes women to more intensive care at later times and to what extent short periods of care evolve into more intensive care. As the lives of women change, and as the needs of the elderly change, research needs to be clear about the caregiving demands placed on women and the ways in which the variety of those experiences affects their lives.

Notes:

1. Women caring for coresidential parents were not asked questions about the duration or intensity of the care provided. Maximum values were assigned to these women in estimated models, and then closely correspond to the final models. However, it seemed inappropriate to make assumptions about the level of care provided by these women relative to noncoresidential women without further information.
2. Among women with two surviving parents, 70% of those parents were married to each other. It is reasonable to assume that at least some proportion of the remaining 30% were also married. Therefore, the vast majority of women with two surviving parents had parents who were in marriages.

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