



WP 2 Gendered care provision/ receiving

Task 2.1 How do marital status and marital stability impact (formal and informal) care receiving in old age?



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Partnership transitions & Living arrangements

- Gender specific associations for care use patterns in later life with:
 - partnership transitions (particularly widowhood) and
 - living arrangements (particularly living alone)
- It is unclear if these are overlapping effects
- **Literature gap our study addresses:** Are transitions out of partnership (widowhood) and living arrangements independent predictors of the probability to receive formal and informal care for both older women and men with care needs?



Sample & Methodological approach

- Data from all panel waves of the SHARE, including:
 - All individuals age 60 and above (at least at one time point in the panel)
 - Have care needs (ADL, IADL, cognitive impairment) for at least two consecutive panel waves
- Analysis sample: 25723 women (68.5%) & 11909 men (31.65%)
- We use **Random Effects Within Between models**, which allow for analysis of **effects between individuals** (level 2) and variation over time (**within individual**) for different occasions on which individuals are observed



Widowhood & living arrangements: effect on (any) care use

- Becoming widowed (**between effect**) remains **significant for women but not for men**, even after controlling for confounders
- BUT transition out of partnership / into widowhood (**within effects**) is attenuated once include living alone AND **never significant for men**

	Empty model (age, country)		Health adjusted (+ SRH, mental health, morbidity)		Health & SES adjusted (+ income, education)		Full model (+ living arrangements)	
	Female	Male	Female	Male	Female	Male	Female	Male
Receives care (any type)								
Within effects								
W__Widowed	0.308*	0.317	0.257*	0.257	0.273*	0.266	0.246	0.255
W__Live_alone							0.0646	0.119
W__Hh size							0.0277	0.103
Between effects								
B__Widowed	0.961***	1.074**	0.823***	1.010**	0.820***	1.006**	0.730***	0.441
B__Live_alone							0.860***	0.935***
B__Hh size							0.0333	-0.00868
Observations	25560	11788	25560	11788	25560	11788	25560	11788

Note: Statistically significant results are marked with * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$



Widowhood & living arrangements: By care type

- Results confirmed when disaggregating by care type (i.e. formal vs. informal care)
- Larger gender differences for formal care (**between effects**)

	Empty model (age, country)		Health adjusted (+ SRH, mental health, morbidity)		Health & SES adjusted (+ income, education)		Full model (+ living arrangements)	
	Female	Male	Female	Male	Female	Male	Female	Male
Informal care								
W__Widowed	0.0275	0.364	-0.0113	0.352	0.00132	0.359	-0.211	0.132
W__Live_alone							0.108	0.295
B__Widowed	1.087***	1.291***	0.994***	1.175***	0.991***	1.160***	0.814***	0.587*
B__Live_alone							0.733***	0.838***
	25560	11788	25560	11788	25560	11788	25560	11788
Formal care								
W__Widowed	0.00008	0.680	-0.0502	0.613	-0.0193	0.644	-0.0446	0.322
W__Live_alone							0.00469	0.770*
B__Widowed	1.017***	0.466	0.861***	0.241	0.866***	0.235	0.686**	-0.700
B__Live_alone							0.816***	1.625***
	18176	8494	18176	8494	18176	8494	18176	8494



Intersection of sex/gender and income disadvantage in care use

- Changes in income (**within effect**) significantly associated with probability to receive any care type **for women but not for men**
 - Largest effect formal care, suggesting **drops in income** have a greater effect on **women's access to formal care**

	Any Care		Formal care		Informal care	
	Female	Male	Female	Male	Female	Male
W Income	0.0487**	0.0319	0.108***	0.0796	0.0396*	0.0246
B Income	0.0356	0.0479	0.0456	0.0314	0.0409	-0.00235
Low education (time invariant)	-0.0466	0.0301	-0.311***	-0.0725	0.116*	0.138
Observations	25560	11788	18176	8494	21367	8648



Intersection of sex/gender and education in care use

- **Women with lower education (between effect) are less likely to receive formal care** and more likely to rely on informal support; **for men the association is not significant**
 - Effect remain significant after controlling for household size

	Any Care		Formal care		Informal care	
	Female	Male	Female	Male	Female	Male
W__Income	0.0487**	0.0319	0.108***	0.0796	0.0396*	0.0246
B__Income	0.0356	0.0479	0.0456	0.0314	0.0409	-0.00235
Low education (time invariant)	-0.0466	0.0301	-0.311***	-0.0725	0.116*	0.138
Observations	25560	11788	18176	8494	21367	8648



A summary of results

- Being widowed is a significant predictor of care use among older Europeans, after accounting for confounders, including living arrangements
- Older women who became widowed are more likely to receive formal care, while no effect is found for men
- Informal care (from outside the household) is more likely for both men and women who became widowed
- Lower education and changes in income (decrease) disproportionately affects older women with care needs, by limiting their access to formal care

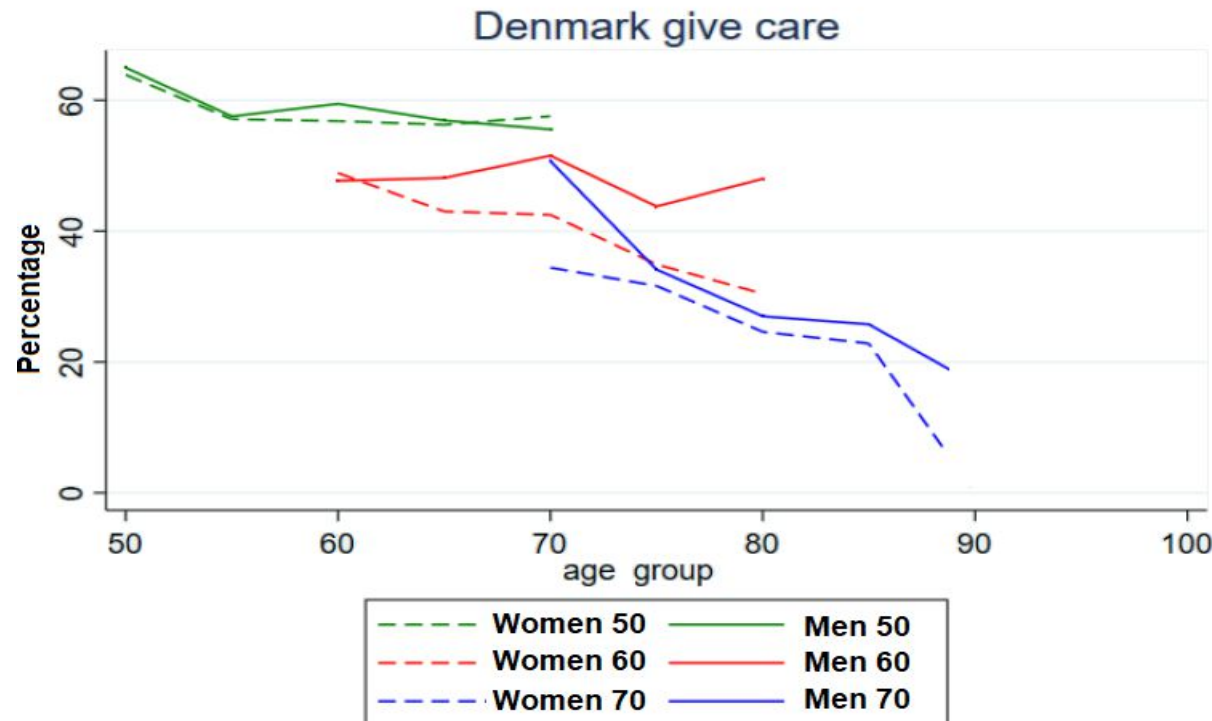


We welcome your feedback on...

- The framing of the research question
- Through which channels can widowhood impact care use?
 - We have already controlled for (i.e. living arrangements, care needs, physical and mental health)
- Should we highlight any care type in particular?
 - Probability to receive any care – reflects on issues of accessibility
 - Probability to receive formal care – more amenable to policy intervention
 - Probability to receive informal care – largest pool of care users
- Which policies could be recommended to address gender gaps in the effect of low SES on care use?
 - If means-testing is insufficient to address gender gaps in care use, could gender-specific eligibility criteria be introduced for subsidized formal care services?



- Gender differences in informal care provision age & time
 - T2.2: Trends in caregiving (Data Navigator)
 - T2.3-4: Cohort analysis & country differences
- Replicate for care-receiving



Source: own calculations based on SHARE





Thank you for your attention



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