



Gender and care-regime-based discrepancies in reporting informal care within spousal care dyads

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Motivation

- Likely that gender is associated with perceptions & self-identification as a carer
- Discrepancies in reporting informal care/identifying as a carer, associated with gender, higher care needs, type of relationship
- 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)
- Differences in reporting care likely associated with how people view caregiving roles and their relationship to the person (Carduff et al. 2014; Knowles et al. 2015): likely a strong gender-basis
- Aim: Determine how to minimize gender bias embedded in health and care research by carefully considering gendered meanings of measures and methodologies used

Research questions

Are there discrepancies in the reporting of informal care between spouses in European countries?

If so, are these discrepancies associated with gender?

And do these discrepancies vary across care regimes?

Sample

- Wave 6 (2015) & 8 (2019/2020)
- Focus on spousal care
- Spousal/partner dyads cohabitating; only if both were interviewed and participated
- No age restrictions (i.e. includes cases where spouse is younger than 50)
- 10.903 dyads: of which 3.694 dyads where care is reported (either by carer or care receiver)

Method

- 3 categories: confirmed care by both, unconfirmed by informal carer, unconfirmed by care receiver
- Bivariate analysis of discrepancy; disaggregated by gender & care regime
 - Under-reported proportion: number of unconfirmed cases as percentage of confirmed and unconfirmed cases
- Multinomial regressions to discern whether gender is associated with discrepancies (AMEs)
 - 3 models: 1) without covariates, 2) with covariates, 3) interaction of gender with care regime
- Care regimes:
 - Nordic (SE, NE, DK), continental (AT, DE, FR, SW, BE, LU), southern (ES, IT, GR, PT, CY, MT), eastern (CZ, PL, HU, SI, EE, HR, LV, BU, LT, RO, SK)

Informal care variables

- Provided informal care within the household (sp018_):

“Is there someone living in this household whom you have helped regularly during the last twelve months with personal care, such as washing, getting out of bed, or dressing?”

- Received informal care within the household (sp020_)

“And is there someone living in this household who has helped you regularly during the last twelve months with personal care, such as washing, getting out of bed, or dressing?”

- Relationship of person

- sp019_: relationship with person cared for
- sp021_: relationship with informal care

- Note: individuals are only asked about care received if they report ADL or IADL limitations (i.e. many missing observations)

Results

Table 1: Discrepancies of care reported for SHARE sample

	Total			Women			Men		
	Dyad type			Dyad type			Dyad type		
	Unconfirmed by recipient	Unconfirmed by carer	Confirmed	Unconfirmed by recipient	Unconfirmed by carer	Confirmed	Unconfirmed by recipient	Unconfirmed by carer	Confirmed
N	773	934	1.987	396	469	1215	376	464	774
%	20.9	25.3	53.8	19.1	22.5	58.4	23.3	28.7	47.9
Under-reported proportion	28.0%	32.0%	-	24.6%	27.9%	-	32.7%	37.5%	-
Total pop. figures	1.752.460	2.116.657	4.503.613	891.654	1.054.665	2.731.876	860.805	1.061.991	1.771.736

Note: Weighted results. Under-reported proportion is calculated as the proportion that the unconfirmed care (either by recipient or carer) comprises of the sum of confirmed care and the unconfirmed care (by recipient or carer).

- More frequently unconfirmed by carer than recipient; holds by gender
- Nearly as many unconfirmed cases of care as confirmed among spouses
- More unconfirmed cases than confirmed for men
- Larger proportion of confirmed cases among women carers

Results

Table 1: Discrepancies of care reported for SHARE sample by care regime

	Continental			Southern			Nordic			Eastern		
	Dyad type			Dyad type			Dyad type			Dyad type		
	Unconfirmed by recipient	Unconfirmed by carer	Conf.	Unconfirmed by recipient	Unconfirmed by carer	Conf.	Unconfirmed by recipient	Unconfirmed by carer	Conf.	Unconfirmed by recipient	Unconfirmed by carer	Conf.
N	330	352	987	245	325	592	33	36	64	164	221	344
%	19.8	21.1	59.1	21.1	27.9	51.0	24.6	27.2	48.3	22.6	30.3	47.1
Under- reported proportion	25.1	26.7	-	18.6	35.4	-	34.0	36.0	-	32.2	60.9	-

Note: Weighted results. Under-reported proportion is calculated as the proportion that the unconfirmed care (either by recipient or carer) comprises of the sum of confirmed care and the unconfirmed care (by recipient or carer).

- More unconfirmed than confirmed cases of care in Nordic & Eastern regime
- Less discrepancies in Continental regime in comparison
- Largest discrepancy is always due to being unconfirmed by the carer

Under-reporting of care

Table 3: Potential prevalence of spousal care if all reports of care are correct by region

	Total	Continental	Southern	Nordic	Eastern
% by carers	5.5	6.1	5.4	3.9	5.0
% by recipients	3.6	4.0	3.4	2.2	3.8
“Total” %	6.7	7.1	6.5	4.7	6.5

Note: “total” represents prevalence if all cases of care (reported by either the carer or care receiver) are considered.

- Prevalence of care could be higher than initially expected
- Total prevalence would be highest in Continental Europe, no matter the method used



Gender discrepancies in reporting care

Table 4: AMEs of gender on discrepancies of reporting informal care (Baseline model)

	Type of dyad		
	Unconfirmed by recipient	Unconfirmed by carer	Confirmed by both
Female	-0.041**	-0.053***	0.093***

Note: †p<0.10; *p<0.05; **p<0.01;*** p<0.001.

Table 5: AMEs of gender on discrepancies of reporting informal care (controlling for covariates)

	Type of dyad		
	Unconfirmed by recipient	Unconfirmed by carer	Confirmed by both
Female	-0.025	-0.031†	0.057**

Note: †p<0.10; *p<0.05; **p<0.01;*** p<0.001. Model controls for education, SRH, spouse's age, spouse's health, spouse's education, spouse's receipt of formal care, household size, income, and care regime.

- Women are more likely to both see themselves and have their spouses recognize them as carers – i.e. to be confirmed by both
- Men are less likely to be recognized as carers by their spouses, while not reporting themselves as carers

Gender x care regime discrepancies


Table 6: AMEs of gender x care regime on discrepancies of reporting informal care (controlling for covariates)

	Type of dyad		
	Unconfirmed by recipient	Unconfirmed by carer	Confirmed by both
Female x Care regime			
Continental	-0.021	-0.065*	0.087**
Southern	-0.071*	-0.013	0.085*
Nordic	0.032	-0.014	-0.017
Eastern	-0.017	-0.021	0.038

Note: †p<0.10; *p<0.05; **p<0.01;*** p<0.001. Model controls for education, SRH, spouse's age, spouse's health, spouse's education, spouse's receipt of formal care, household size, income, and care regime

- Differences by care regimes:
 - **Women** more likely to **see themselves as carers and have their spouses confirm** that status in **Continental and Southern Europe**
 - **Men** more likely to **report being carers, but not seeing their spouses confirm** their status in **Southern Europe**
 - **Men** less likely to **report being informal carers, while spouses recognize them as** such in **Continental Europe**
- Spouse's health & household size also significant (not shown)

Implications

- Survey instruments appear to underestimate the prevalence of care
 - If there are discrepancies for spousal care, very likely that discrepancies are larger for other types of care
 - Routing of questions based on report of health needs (i.e. ADLs, IADLs) likely to underestimate receipt of care
 - Other aspects of care?
 - Gender and care-regime-based differences in reporting care:
 - Result of awareness/social acceptability of being a carer?
Perceptions of care & role of informal carer?
 - Gender gap in care may be narrower than we think
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