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## THE GENDER INEQUALITIES OF ELDERCARE

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Women today are projected to live 28 additional years beyond the age of 55—almost four years longer than men. As women reach their middle and elder years, they typically participate in three scenarios that can profoundly influence their quality of life and of the lives of those closest to them. Two scenarios focus on the pre-eminent role women play as caregivers for cognitively impaired family members who have difficulty living independently. A third scenario focuses on frail older women and their efforts to secure quality care.

These three scenarios focus on how the eldercare responsibilities are placed on the backs of middle-aged and older women. Portrayals of the unequal care responsibilities of men and women are not new, but two persistent trends will heighten the American public’s sensibilities to this inequality: As elder Americans increasingly cope with age-related vulnerabilities in their own homes, our reliance on nursing home care will diminish; and the increase in the numbers of aging boomers will make these three scenarios more common.

### CONSEQUENCES OF CARING

For many wives, daughters and daughters-in-law, the caregiver role is emotionally satisfying. It is an experience of giving back that they would not avoid, and provides on-the-job training that prepares them for the frailties of their own old age. Though women may welcome this responsibility and find it rewarding, caregiving is physically and psychologically stressful. They may pay a heavy price for their unselfishness in the forms of higher rate of physical injury, depression, anxiety, suicide, alcohol excesses and abuse from those they help.

When two or more siblings are trying to assist, personal conflicts may erupt when there are disagreements over care decisions. Daughters who did not have positive relationships with their mothers may be reluctant and even abusive caregivers. Caregivers still in the workforce experience additional downsides. They might be likely to miss or to be late for work, require temporary leaves of absence and be less productive. This makes them less valuable as employees, which can lead to missed promotions and resentment.

Sadly, personal sacrifice and good intentions do not guarantee good quality care. Most caregivers have little training or caregiving experience, and do not take full advantage of available community resources. Additionally, careful government oversight of the informal care delivered in ordinary households is rare.

All three scenarios are especially difficult for low-income women with meager savings. A woman's single status, whether she is unwed, divorced, separated or widowed, is a significant poverty predictor among older women.

Data tracked from the 1970s show that single women ages 65 and older typically are three times as likely as their married counterparts to have incomes below poverty level (the poverty risk is even greater at higher chronological ages). Women who are separated are seven times as likely to experience poverty. Widowed older women also must confront harsh economic realities, as a spouse's death may result in reduced Social Security and employee pension benefits. Poverty rates are particularly high among African American and Hispanic older women, females who are more likely to be divorced or separated than white females—a pattern that is projected to persist.

#### THE DRIVING FACTOR

The attractions of low-density suburban, small town and rural living mean that automobiles are essential for older women living in these communities. Lack of flexible transportation hampers their effec-

## A TRIO OF CARE SCENARIOS

**Scenario One.** In their 40s and on through their 60s, most women will deal with an older mother, father or in-law who becomes frail and needs assistance. They must decide whether to bring care into the family member's residence, invite them into their own homes or encourage them to seek a special housing-care arrangement, such as an independent (congregate) living apartment, assisted living arrangement or a nursing home. Typically, moving is not the first choice and women may spend hundreds of hours yearly caring for family members. These caregiving responsibilities are more challenging when there are younger children—or even grandchildren—living in the household. This situation is on the rise as people marry and have a family later in life and as people are living longer.

**Scenario Two.** When women are in their 70s and 80s, their typically older husbands experience physical or cognitive declines. Wives who assume these helping responsibilities (at an average age of 73 years) may be restricted by their own chronic health problems and debilitating declines. Even if a husband opts to occupy a special purpose housing-care arrangement, a caregiver wife still may feel compelled to function as a proactive advocate and vigilant overseer of their spouse's care.

**Scenario Three.** Women in their 70s and 80s are at greater risk than comparably aged men to experience chronic physical health or cognitive declines that compromise independent living. They may have more difficulty coping with their vulnerabilities because of higher rates of depression, anxiety and other emotional problems. Thus, they are more likely than men to need long-term care assistance and to use it for a longer duration. Ironically, when they most need help, older women are without caring, dependable spouses. Marital decisions made earlier in life are critical, however, married women have no certainty that they can count on their spouses to assist with shelter and care needs later in life. Their older husbands may be of limited help because they also will be frail. These vulnerabilities, along with many husbands being unaccustomed to helping with household tasks, may contribute to a disordered living environment.

At best, the rhythms of the life cycle will come full circle and a child—most likely a daughter, but perhaps a son or sibling—may assume caregiving responsibilities. This is possible only if incompetency, disinclination to do so or large geographic distances are not immutable barriers. ♦

—Stephen M. Golant

tiveness as caregivers and their independence. Older women, however, are less likely to have a driver's license than are older men. This gender inequity appears when men and women are in their 50s and increases at the highest chronological ages. Women in their 70s and over, especially those with smaller incomes, have the lowest licensure rate of any age group.

Three factors influence this inequity: many older women have never learned to drive; at higher chronological ages, women experience chronic health problems so that driving is unsafe or impossible; and high numbers of female immigrants are not licensed, especially Hispanics and Asians ages 50 and

older. Eventually, this gender gap will narrow as the first factor dissipates (the cohort effect) but will persist because of the other two factors.

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#### HOUSING MATTERS

Access to appropriate care is not the only concern of older women who cope with their vulnerabilities while living at home. Other issues are housing costs relative to maintenance and repair, as well as the state and quality of their neighborhoods and communities. Though we see many idyllic portrayals of older persons aging in place, this population may be face three types of housing problems.

Large numbers of lower-income women now rent or own dwellings for which they pay more than 30% or 50% of their fixed monthly incomes on housing costs. Condominium occupants also must deal with large assessment charges to pay for their buildings' major physical renovations. When homeowners seek financial relief by securing subprime or reverse mortgage loans, they sometimes are victims of very unfavorable lending terms that can lead to dwelling foreclosures.

Homeowners must also make repairs and upgrades that are intrinsic to older dwellings. Even when people adequately maintain their dwellings, the presence of physical hazards—slippery walking surfaces, clutter or throw rugs—can increase the risk of falls and injuries. Older women usually are unable to perform these repairs or find that their children cannot help, which forces them to seek outside vendors. Horror stories abound about elders' efforts to secure affordable, honest and competent workers.

There are other horrible possibilities: aging at home may be a path to loneliness and depression. At higher risk are older women with mobility limitations who cannot depend on their spouses or children for emotional support, or who live in neighborhoods lacking understanding friends, neighbors or support groups. Older women living alone can feel especially isolated and helpless when they are sick or disabled, or when natural disasters impact communication with community.

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#### CONFRONTING REALITY

Living comfortably in your own home while you grow old: How can what seems like such a good thing turn out badly? The fact that these scenarios do exist for middle-aged and elder women forces society to confront an unpleasant reality, which is that the responsibilities and complexities of caring for older people are not shared equally by men and women. These gender inequalities will be especially acute as the nation's boomer population increases, lives longer, and our society favors aging-in-place solutions that rely upon older women to be fulcrums of care. ❖

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