GENDER AND CAREGIVING: A STUDY AMONG HISPANIC AND NON-HISPANIC WHITE FRAIL ELDERS

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Gender and Caregiving: A Study Among Hispanic and Non-Hispanic White Frail Elders Alicia Z. Almada

(ABSTRACT)

As the number of elderly people increases, the need for care of frail elders also rises. When looking at elder care, feminist scholars have pointed to the need to consider not only the caregiver's gender, but also the interlocking power relations of gender and race\ethnicity. For these reasons, this study addresses the following question: how does race\ethnicity influence the relationship of gender and care of frail elders? Analysis of data on Hispanic (N=182) and non-Hispanic White (N=1252) frail elders, and their caregiver spouses (N=74 and N=742, respectively) and children (N=150 and N=654, respectively) taken from a study of a nationally representative sample of noninstitutionalzed elders (AHEAD), reveals that women (wives and daughters) are more likely than men (husbands and sons) to be the caregivers of Hispanic and of non-Hispanic White elders. With respect to the type of tasks involved in caregiving, the study shows that among non-Hispanic White elders, husbands are indeed involved in the personal care of their wives, and that daughters are more likely than sons to provide assistance with these tasks. Among Hispanic elders, husbands are more likely than wives to help with managing money. The study also reveals that daughters spend more total hours caring for their frail elders than sons do. Importantly, this study shows that daughters of Hispanic elders provide about 1.5 times more hours per week of care to their parents than daughters of non-Hispanic White elders. I also examined how the caregiver's gender interacts with their work status, marital status and number of children to affect the amount of time spent in caregiving, but did not find any significant relationships.

CHAPTER ONE

PROBLEM STATEMENT

The number of elderly people living in our society has increased substantially since the beginning of the 20th century (Treas 1995; Siegel 1999). In 1900, there were only about 3 million adults aged 65 and older in the United States, which represented 4.1% of the entire population. By 1990, that number had increased to over 31 million, or 12.5% of the population. By the year 2050, there will be an estimated of about 80 million elders, representing 20.4% of the population. (Treas 1995:4). The elderly population is also growing older. Indeed, people 85 and older have become the fastest growing age group in the U.S. By the middle of this century, most of the projected population growth among the old will occur as a consequence of increases in this group of people (Treas 1995).

As the number of elderly people increases, and especially that of the oldest old, the need for care of frail elders also rises. Indeed, as Coward, Horne and Dwyer (1992:20) put it, "although increased life expectancy has added more years of healthy living for many Americans, it has also increased the number of persons in our society with chronic illnesses, functional impairments, and health-related disabilities". Moreover, according to recent U.S. Census data, only 9% of the non-institutionalized population aged 65 to 69 need assistance in performing activities of daily living, but that number rises to 43% for people 85 years old and over (Uhlenberg 1996).

Giving care to frail elders has been and still is a concern of many feminist scholars (Abel and Nelson 1990; Hooyman and Gonyea 1995; Himmelweit 1999; Calasanti 1999, Cancian and Oliker 2000; Glenn 2000). Most of these scholars recognize that caregiving, also termed 'care work', involves two different dimensions: 'caring for' and 'caring about' other people. 'Caring for' refers to the 'activities' involved in providing for the needs and well-being of others. It may include physical and emotional care, as well as direct services (Glenn 2000). 'Caring about' includes affection, concern, as well as feelings of responsibility when tending to those people (Cancian and Oliker 2000; Glenn 2000). Caregiving also involves the development of relationships between those who give and those who receive care (Glenn 2000). These relationships can occur in private (family) or public (e.g., organizations, the church) settings, and

could be paid, such as the case of home health aides; or unpaid, such as when children take care of their elderly parents (Himmelweit 1999; Glenn 2000).

One other important aspect of this relationship is that it involves skills that can be learned by both women and men (Calasanti 1999). Yet, research indicates that women generally provide both paid and unpaid care for the old as they become frail (Horowitz 1985a; Stone, Cafferata, and Sangl 1987; Dwyer and Coward 1992; National Alliance for Caregiving and AARP 1997; Glenn 2000).

In addition to the fact that females outnumber males as caregivers, gender also affects two other aspects of caregiving: the type of tasks performed and the amount of time involved in providing care. With respect to the type of the tasks, researchers have found that women are more likely than men to provide assistance with personal care, such as bathing, dressing and managing incontinence. They are also more likely than men to help with other hands-on chores, such as meal preparation and some household chores (Dwyer and Coward 1991; Miller and Cafasso 1992; National Alliance for Caregiving and AARP 1997). Findings related to other tasks are not clear-cut, but most researchers find no gender differences in the likelihood of helping with instrumental tasks, such as transportation or arranging outside services (Horowitz 1985b, National Alliance for Caregiving and AARP 1997). Non-spousal men tended to assist with intermittent or occasional tasks (Stoller 1990) such as financial management or doing yard work (Stoller 1990, Matthews 1995).

In terms of the amount of time spent in caregiving, research suggests that, in general, women provide as much or more time caring for the elderly than men do. However, it is important to look at kin relationships between caregivers and care receivers. For instance, husbands may provide about as much or more time as do wives (Chang and White-Means 1991; Dwyer and Seccombe 1991; National Alliance for Caregiving and AARP 1997), although recent research finds that married disabled women receive less care than do married disabled men (Katz, Kabeto, and Langa 2000). Regardless, when we focus on non-spousal caregiving we see the biggest gender differences, with non-spouse female caregivers spending a greater amount time providing care.

Other characteristics of caregivers are also associated with the amount of care provided; of particular interest to this study are those that have different impacts depending on the gender of the caregiver. For instance, researchers have found gender differences in the way that marital status of the caregivers and the presence of children in their household impact the amount of caregiving provided to their elderly relatives. While being married reduced the number of hours of care per month by 20.1 hours for daughters, married men reduced their hours by 23.3 hours. The number of children seems to reduce the amount of care provided by sons, but was not associated with the amount of care provided by daughters (Stoller 1983). The influence of a caregiver's work status on the provision of care also differs by gender (Stoller 1983; Boaz, Hu, and Ye 1999). Employment reduces the number of hours of care provided by sons, but it may reduce or have no effect on the hours provided by daughters.

The characteristics of elderly care recipients also influence the amount of care given. The elder's gender, age, degree of disability, and co-residence with the caregiver are significant predictors of the amount of care provided. Specifically, being female, older, more disabled, and co-resident, all lead to more care (Stoller 1983; Stone et al., 1987; Wolf, Freedman and Soldo 1997; National Alliance for Caregiving and AARP 1997). An elderly person's overall family composition, and more specifically, the number and gender of children, has also been found to affect the provision of care (Matthew and Rosner 1988; Wolf et al. 1997).

Although women's prevalence as both caregivers and care receivers has led researchers to focus on the gender dynamics of the caring relationship, many feminists have pointed to the need to also consider race/ethnicity and class (Abel and Nelson 1990; Hooyman and Gonyea 1995; Calasanti 1999). That is, the gender dynamics involved in the type and amount of care provided, as well as the relationships between caregivers and care receivers, are influenced by race, ethnicity and class. For instance, Blacks are more likely than other groups to receive care from someone—usually a woman--who is not commonly considered to be a blood relation (Calasanti, 1999). Recent population trends also stress a need to understand how race and ethnicity shape the caregiving experience. Indeed, the race and ethnic composition of the elderly population is changing rapidly (Treas 1995; Siegel 1999). Treas (1995) estimates that African Americans will grow from 8% of the entire elder population in 1995 to 10% in 2050, and the proportion of Hispanic elders will rise from 5% to 16% in the same years. As these statistics show, the increase in the Hispanic elderly population will be dramatic. By the middle of this

century, one in six American elders will be of Hispanic origin (Treas 1995). In spite of this trend, the literature on caregiving of frail Hispanic elders has been minimal (Aranda and Knight 1997). Little is known about the ways gender influences caregiving among Hispanics and whether its effects differ from that of other groups. It is worth noting that, as the proportions of several ethnic and racial elderly groups increase, that of the non-Hispanic Whites decreases, although this group will still comprise two-thirds of the aged in the year 2050 (down from 85.4% in 1995) (Siegel, 1999).

Drawing from these research strands, this study addresses the following question: how does race/ethnicity influence the relationship of gender and care for frail elders? More specifically, I investigate whether and how being Hispanic or being non-Hispanic White moderates the influence of gender on caregiving. To do so, I will address the following questions: (1) Are females more likely than males to be the caregivers of frail Hispanic elders? (2) Does a caregiver's gender predict the types of tasks s\he performs for Hispanic elders? (3) Do women provide more hours of care to Hispanic elders than men do? (4) Do these relationships hold true among non-Hispanic Whites as well? and, how different are these relationships between Hispanics and non-Hispanic Whites? And finally, (5) Among Hispanics and among non-Hispanic Whites, how does gender interact with marital status, number of children, and work status to predict the amount of care provided to the elders?

To answer these questions, I use data on Hispanic and non-Hispanic White elders and their caregivers, drawn from the first wave of the 1993 Asset and Health Dynamics Among the Oldest Old (AHEAD) study. AHEAD is a prospective panel survey, which collects data from a nationally representative sample of noninstitutionalized persons born in 1923 or earlier. The survey provides data on an oversample of the Hispanic elderly population (Soldo, Hurd, Rodgers and Wallace 1997).

CHAPTER TWO

REVIEW OF THE LITERATURE

In this chapter I first present a review of studies that have explored caregiving for frail elders with a special focus on the caregiver's gender, the type of tasks they provide assistance with and the amount of time they spend providing help. I also present studies that have shown how gender interacts with certain other characteristics of the caregiver to influence caregiving. Then, I discuss some theoretical perspectives that have attempted to explain the gendered nature of caregiving for frail elders and the contribution of feminism to a better understanding of this experience. Finally, I present studies on Hispanic elders and their caregivers, and combine this research with a feminist perspective to form the research questions for my study.

Several studies have shown the prevalence of women as caregivers to non-institutionalized elders (Horowitz 1985a; Stone et al. 1987; Coward, Horne, and Dwyer 1992; National Alliance for Caregiving and AARP 1997). For instance, drawing from her review of past research, Horowitz (1985a) points out that women are the predominant primary caregivers for their elder relatives, regardless of kin category. Similarly, an early profile on informal caregivers based on data from the 1982 National Long-Term Care Survey (Stone et al. 1987), demonstrated that women comprise 72% of the population of caregivers. Among all caregivers, about 29% are daughters and 23% are wives. Husbands, however, constitute only about 13%. This profile also shows that although most of the caregivers (41.4%) are ages 45 to 64, over one-third are 65 years old or older. In this study, the majority of the care recipients are also women (60%) and their mean age is 77.7.

More recent national data on caregivers who were providing care to relatives or friends aged 50 and over reveals very similar results. According to this study, 73% of all caregivers are females. The study also reveals that, "the typical caregiver is a married woman in her mid-forties who works full-time, is a high school graduate, and has an annual income of \$35,000" (National Alliance for Caregiving and AARP 1997:8). The typical care receiver is also a woman and the average age is 77 years old. Finally, it is worth noting that spousal caregiving is more typical for

older caregivers and older caregivers take care of the most frail of the elders. We expect then, spouses shoulder a great amount of the burden of caregiving.

Gender and Task Assistance

Caregivers assist elderly persons with a variety of tasks. The most recent caregiving literature distinguishes between two different types of tasks. One type refers to assistance with Activities of Daily Living (ADL), that is, tasks associated with personal care, such as bathing, dressing, and managing incontinence. The other type involves assistance with Instrumental Activities of Daily Living (IADL), or activities associated with the managing of everyday living and household maintenance. These include such tasks as preparing meals, grocery shopping, and managing finances (Dwyer and Coward 1991; National Alliance for Caregiving and AARP 1997).

A caregiver's gender has been found to predict the type of tasks s\he assists elderly persons with or performs for them. For instance, most studies report that, in general, women are more likely than men to be involved in tasks pertaining to personal care. Indeed, according to the study conducted with a nationwide random sample of caregivers mentioned before (National Alliance for Caregiving and AARP 1997), about 54% of the women and 45% of the men assist with ADLs. Another study carried out with data from the 1982 National Long-Term Care Survey (NLTCS) (Dwyer and Coward 1991), found that daughters in general (not just the ones that were actually doing caregiving) were 3.22 times as likely as sons to assist their parents with ADL tasks. These findings are also corroborated by a meta-analysis of the results of previous studies between 1980 and 1990 (Miller and Caffaso 1992). The authors found that female caregivers were indeed more likely than their male counterparts to provide personal care to the elderly, although the size of the effect was small.

Some researchers have considered the caregiver's relationship to the care receiver. For instance, studies on spousal caregiving indicate that gender differences in tasks performance involving personal care become less prominent. For example, analyzing data on spouses and children as primary caregivers from the 1982 National Long Term Care Survey and its companion, the National Survey of Informal Caregivers, Dwyer and Seccombe (1991) found that, while wives were more likely than husbands to provide assistance with bathing, husbands

were more likely than wives to help with such tasks as moving inside, getting in and out of bed, and toileting. Similarly, another study based on data on non-institutionalized, frail elderly at risk of institutionalization from 10 different sites across the country and their primary informal caregivers, from the 1982 to 1984 Channeling Long-Term Care Demonstration project (Chang and White-Means 1991) reported that while wives were more likely than husbands to assist in most of the ADLs, no gender differences were reported with respect to toileting and getting in and out of chairs or beds.

With respect to the IADLs, recent nationwide data (National Alliance for Caregiving and AARP 1997) reveal that women are more likely than men to help the elderly in such tasks as meal preparation and some household chores, but there are no gender differences in the performance of other tasks (National Alliance for Caregiving and AARP 1997). Most of the studies that do not involve spouses as caregivers, reveal a similar pattern.

For instance, data obtained from personal interviews with adult children from a random sample of primary caregivers of elders living in New York City (Horowitz 1985b) revealed that daughters were significantly more likely than sons to help their parents with tasks involving "hands-on" assistance, such as personal care, shopping, household chores, transportation, and meal preparation. However, "when the task was less gender-specific or tended to be male-oriented (e.g., financial management, financial assistance, and dealing with bureaucratic organizations) sons did not significantly differ from daughters in their involvement" (Horowitz 1985b:614).

Another study carried out with a sample of elders and their non-spousal informal helpers in a nonmetropolitan region of New York generates similar results (Stoller 1990). For instance, the author found that, in general, men were less likely than women to assist elders with meal preparation, shopping, and laundry. However, when the elders needed assistance regularly, men were as likely as women to help with shopping, financial management, and heavy chores, but they were less likely to assist them with light chores. Stoller (1990) summarizes her findings by suggesting that, "men help with intermittent or occasional tasks but less frequently undertake routine household chores" (Stoller 1990:234). She points out that since only few of the elders in

the sample experience serious limitations, generalizations on tasks involving personal care could not be reported.

Matthews and Rosners' research (1988) supports Stollers' (1990) findings in several ways. These authors interviewed 50 pair (dyads) of sisters who had at least one parent aged 75 or older. They found that daughters were more likely than sons to be involved in care that required regular assistance, such as household chores. In contrast, sons were more likely than daughters to provide care at their own convenience and often could not be counted on for help when assistance was needed.

In another study involving 50 sister-brother dyads, Matthews (1995) found that brothers' contributions to parent care including performing such tasks as visiting them, handling their financial matters, and doing house maintenance and yard work. They were less frequently involved in performing the type of tasks sisters usually performed (such as housework, meal preparation and shopping). Interestingly, the study reveals, among other things, that both sisters and brothers tended to depict the contributions of brothers as less important than their sisters', and even consider them not to be genuine care. The author also points out that, family members' cultural expectations of what constitute gender-appropriate behavior seemed to account for the sisters being seen as the best caregivers. Finally, sisters were also the ones "in charge" of the provision of help, regardless of who provided it.

As was the case with personal care assistance, caregiver spouses follow a distinct pattern from that of other caregivers (Dwyer and Seccombe 1991; Chang and White-Means 1991). For example, Dwyer and Seccombe's (1991) study showed that husbands and wives, when providing assistance to their own spouses, were both involved in assistance with IADLs. Husbands were more likely than caregiver wives to help with such tasks as housework, laundry, and shopping. Wives, on the other hand, were more likely than husbands to help with managing money and telephoning. According to the authors, these results may suggest that wives, contrary to husbands, do not report as 'caregiving tasks' those that they consider part of their responsibilities. On the other hand, the authors point out that wives' account of 'managing money' and 'telephoning' as 'caregiving tasks' should not be surprising as women are generally not expected to do them.

Similarly, Chang and White-Means's (1991) study also demonstrates the importance of differentiating between spouses and other caregivers when examining the influence of gender on tasks. For example, while non-spouse women were more likely than their male counterparts to help with taking medicine, therapy and other medical treatments, wives were significantly more likely than husbands to assist with only one of these tasks, that is, with taking medicine.

In summary, women are more likely than men to assist with personal care tasks. However, the type of kin relationship matters, as gender differences are not so prominent among spouses who provide care. Assistance with IADLs is less gendered, with meal preparation and housework still being done predominantly by women. Kin relationships should also be taken into account when examining these types of activities.

Gender and Amount of Time Provided

The nationwide study conducted by National Alliance for Caregiving and AARP (1997), shows that caregivers spend anywhere from less than one hour to 40 or more hours per week providing assistance to the elderly. The study also reveals that while the number of hours spent in caregiving by the average caregiver is 18, women provide significantly more hours of care than do men. Indeed, women average 18.8 hours of care per week, while men average 15.5 hours.

Another study, however, found that the amount of care per week provided by men and women was almost the same, about 39 hours (Chang and White-Means 1991). The reason why these caregivers provide more hours of care than those of the previous study might be due to the fact that the elders in this study had to be 'at risk of institutionalization' to be included in the sample. Another reason might be that only the primary caregivers were considered, while no restriction of this kind was present in the former study.

As it was the case with assistance provided with different types of tasks, Chang and White-Means (1991) looked at whether kin relation was an important factor to be considered. Indeed, the authors found that while there was strong evidence that women spent more time than their male counterparts in several kin relationships (for example, daughters provided about 40 hours a week, while sons, less than 30; and daughters-in-law provided between 35 and 40, while sons-in-law provided less than 35 hours per week) that was not the case for spouses. In this study, husbands provided slightly more time than did wives, though the difference was not

significant. Similarly, Dwyer and Seccombe (1991) found that while daughters reported spending more hours of care than their male counterparts (5.4 vs. 5.1 hours per day), husbands reported spending about one hour and a half of care a day more than wives.

From these studies we can conclude that in general women spend about as much or more time providing care to the elderly as men do. However, it is important to look at the kin relationship between caregiver and care receiver. While non-spouse female caregivers spend more time providing care to frail elders, husbands provide equal or slightly more time than do wives caregivers.

In addition to gender, researchers have found that other characteristics of the caregivers influence the amount of care provided. Some of these characteristics affect caregiving differently, according to the gender of the caregiver. One of these characteristics is, for example, their marital status. One study carried out with a sample of non-institutionalized people (aged 65 and older) and their adult children identified as their first helpers, from New York, found that being married (in contrast to being not married) reduces the amount of help provided by both sons and daughters (Stoller 1983). While being married reduced the number of hours of care per month by 20.1 hours for daughters, married men reduced their hours of care by 23.3 hours. The author point out that the time demands and responsibilities associated with marriage hinder the capabilities of children to care for their parents, and places a greater load of care for the elderly on unmarried children, especially on widowed daughters, whose number as caregivers of their disabled parents has been increasing. Indeed, according to a national survey, this group of women, along with the divorced or separated and never married ones, account for a substantial number of the unmarried caregiver children (Stone et al. 1987).

Another characteristic associated with the amount of care provided by the caregivers is the presence of children. For example, in the study mentioned above, Stoller (1983) found that the number of children, in any age group, was not associated with the amount of time provided by daughters. In other words, having children to care for did not prevent women from giving care to their frail parents. On the other hand, the study shows that the number of small children (under 6 years of age) was associated with an increase in the amount of elder care provided by sons. This finding "could reflect the pull of these child-care demands on daughters and daughters-in-law and a greater shouldering of parent-care responsibilities by other available helpers,

particularly sons" (Stoller 1983:855). It could also mean, Stoller feels, that sons delegate parental care to their wives at later years in their marriage.

Researchers have also studied the effect of the caregiver's work status and gender on the number of hours of care provided. For instance, Stoller (1983) found that being employed outside the house, in contrast to not being employed, reduces the amount of parent care provided by sons by almost 23 hours per month. However, employment did not affect the amount of time provided by daughters. Stoller (1983) points out that these findings are consistent with research on employment and household division of labor. In this context, employed women are not found to shorten their "nonmarket production" as a consequence of employment responsibilities; they increase their total amount of work. Another study based on data from the Health and Retirement Survey (HRS) also reports gender differences on the impact of work status on the amount of hours of care provided by households. Boaz et al. (1999) report that in a household where only the husband worked 'full-time' the amount of caregiving time provided by the household was reduced by almost 250 hours per year; in contrast, when only the wife worked full-time, the number of hours of caregiving did not change. This study also reports that when both husband and wife work full-time, caregiving was reduced by 344 annual hours. These two studies suggest that gender of the caregiver should be considered when looking at the impact of work status on the number of hours of care provided.

Gender Differences in Caregiving: Explanations

Several conceptual perspectives have tried to explain the gendered nature of caregiving for the frail elderly (Walker 1992; Finley 1989; Calasanti 1999). For instance, individual or psychological perspectives argue that women's caregiving is central to their identity. They also argue that women's attachment to the care receivers is a strong motivator for them to engage in caregiving (Walker 1992). According to Walker (1992), this approach has been challenged by several facts, including the reality that some women do not "feel prepared and eager to care for small children or elders" (Walker 1992:37), while some men do.

Walker (1992) also discusses the way in which socialization and social structures (such as age stratification and the gendered nature of paid work) have been presented as explanations for the gendered nature of caregiving. Through the process of socialization, individuals internalize such attitudes and behaviors consistent with the view that men are the family breadwinners and function primarily in the public arena, and women are the caregivers whose

place is the home. Walker (1992) point out that this perspective can also be challenged by the fact that many men become caregivers and learn to do the tasks involved.

Explanations based on the gendered nature of paid work argue that women are more likely to care for the elderly because they are less likely to be employed than men are, and when employed, women are more likely to hold a low paid, seasonal or part-time job, than men are. These facts render women with a greater likelihood than men to reduce their commitment to paid work. Walker (1992) challenges this view by stating, for instance, that most women do not leave their paid jobs to care for the elderly.

Explanations based on age stratification posit that since men have higher mortality rates than women, and women marry men older than them, most elderly men receive care from their wives and most disabled women receive help from their children, usually daughters (Walker 1992). Age stratification does not explain, however, why daughters are more likely than sons to become caregivers.

A Feminist Perspective on Caregiving

Caregiving for frail elders has been a focus of concern of many feminists (Abel and Nelson 1990; Hooyman and Gonyea 1995; Calasanti 1999; Glenn 2000). A feminist perspective not only makes "explicit the underlying social, economic, and ideological structures that devalue caring...and limit women's choices..." (Hooyman and Gonyea 1995:20), but also sees care as a community or public, instead of an individual or family responsibility (Hooyman and Gonyea 1995; Glenn 2000).

Feminists' interest with caregiving of the old not only stems from the fact that women overwhelmingly predominate as both caregivers and care receivers. They are also concerned with the structural roots behind the gendered nature of caregiving (Calasanti 1999). Feminists "examine how gender relations at both micro and macro levels reinforce the gender nature of caregiving and the associated costs" (Calasanti 1999:1). They look at the power relations that shape the way in which caregiving is experienced by both men and women. These power relations are evident, for instance, in the fact that women lack alternatives with respect to the care of an elderly parent. Women are the ones to be blamed if the 'work' is not done (Calasanti 1999). As a consequence, many women find themselves struggling in their efforts to balance their responsibilities at home with the demands of both informal caregiving and paid work.

Using an implicitly feminist framework, Finley (1989) tested four hypotheses related to family labor as they apply to elder care: time-availability, socialization/ideology, external-resources and specialization-of-tasks. Using a sample of caregivers residing in Alabama, she finds that these hypotheses "provide little help in explaining care for elderly parents…" (Finley 1989:84) Indeed, she discovers that even when role conflict, filial obligations, and measures of power are controlled, gender differences in caregiving still remained significant. While suggestive, the important findings of this study have not been tested with nationally representative data.

In examining caregiving for the old, feminists are not only concerned with power relations between men and women. They also explore the interlocking power relations between gender and other social locations, such as race and ethnicity (Calasanti 1999). While several studies have documented similarities and differences in caregiving between Blacks and Whites, few of these also examine how these intersect with gender relations. Fewer still have examined caregiving among Hispanics in comparison with other groups, and virtually none has investigated how gender relations play out in similar and different ways between Hispanics and non-Hispanic Whites.

The Hispanic Elderly and their Caregivers

Dramatic growth and serious social problems characterize the Hispanic elderly population. Indeed, Siegel (1999) estimates that the number of Hispanics aged 65 and over would grow from 1.5 million in 1995 to almost 14 million by the year 2050. In terms of proportions, the percentage of old Hispanics will grow from 5% to 16% between those same years (Treas 1995).

The poverty rate among the Hispanic elderly is nearly twice that of the general older population, 22% vs. 12% respectively (Andrews 1989). Hispanic elders also exhibit lower level of formal education, higher rates of specific medical conditions (such as diabetes), poorer health and greater need for long-term care services, than the elderly people as a whole. Their condition is worse still because of their limited English literacy (Yaniz 1990). As Aranda and Knight (1997) have noted, the increasing number of elderly Hispanics places unprecedented demands on their caregivers, a burden made all the more serious given the characteristics already mentioned.

Few studies have made direct comparisons between Hispanic and non-Hispanic White elders. For instance, one study carried out with a representative sample of non-institutionalized

people aged 65 and older living in New York City found important ethnic differences in terms of place of origin and language spoken at home (Cantor, Brennan and Sainz 1994). Only 10% of the Latino elders were born in the U.S. and almost three-quarters of them spoke only Spanish at home, in contrast to the vast majority of non-Latino Whites who were both native of this country and spoke English at home. The authors also mention sharp differences between these groups of elders in terms of their economic status. The median annual income of Latino elders was \$7,251, in contrast to the \$13,751 of the non-Latino White counterparts. Another study carried out with a random sample of disabled elders aged 60 and older living in Springfield, MA (Tennstedt, Chang and Delgado 1998) reveal that Latino elders were more disabled than their non-Latino White counterparts (6.8 vs. 5.2 on a scale of 1-13, respectively) and were less likely to be married (31% of the Latino vs. 54 % of non-Latino Whites were married).

Before I turn my attention to the caregivers of the Hispanic elders, it is important to mention that Hispanics are not a homogeneous group. Indeed, as Bean and Tienda (1987) put it:

Although common ancestral ties to Spain and/or Latin America, as well as frequent usage of the Spanish language, might seem to imply an underlying cultural similarity among people of Hispanic origin, the diverse settlement and immigration experiences of Mexican, Puerto Rican, Cubans, and other Hispanic groups have created distinct subpopulations with discernible demographic and economic characteristics. (Bean and Tienda 1987:7).

In spite of these differences, many authors agree that some characteristics are commonly held by most people of Hispanic origin. Hispanics are family-centered people; that is, they rely on family members as mutual sources of support or assistance. They also tend to live in close proximity to one another (Sotomayor and Randolph 1988; Dilworth-Anderson and Burton 1999). Importantly, however, some studies show a declining trend with regard to family expectations of support for the elderly (Bastida 1988; Magilvy, Congdon, Martinez, Davis, and Averill 2000). Still others question the assumption that the Hispanic family has an unlimited capacity to deal with the problems of their elderly (Sokolovsky 1997; Dietz 1995). In other words, wanting to care for their elders does not necessarily translate into an ability to do so, especially for those who might be hampered by financial constrains, for instance.

Few studies of elderly Hispanics have explored the role of the caregiver's gender on various aspects of the caregiving experience. For instance, from the national study already mentioned (National Alliance for Caregiving and AARP 1997) we know that 67% of the Hispanic caregivers are women. By contrast, women represent 72.5% of the total population of caregivers and 73.5% of the non-Hispanic Whites caregivers. Hispanics caregivers are younger than their White counterparts (average age 40 vs. 46, respectively); they are more likely than White caregivers to have children under 18 years of age living in their households; and they are as likely to be employed as White caregivers are (about half of the caregivers hold full time jobs). The study also shows that Hispanics are more likely than White caregivers to help with some of the ADLs, such as dressing, bathing and toileting and that they provide slightly more hours of care per week than their White counterparts (19.8 vs. 17.5, respectively). However, this study did not include people who could not speak English, and considered as elders anyone 50 years old or older. Furthermore, the study does not provide any further analysis on the influence of the caregiver's gender on the type of tasks or the number of hours provided to Hispanic elders. Nonetheless, other studies, carried out with sample drawn from specific areas in the United States, provide some evidence that helps fill this gap.

For example, one study carried out with a random sample of low-income Hispanic elders, most of whom were of Mexican and Puerto Rican origin, from selected cites in Connecticut, Texas, and New Mexico (Sotomayor and Randolph 1988), revealed that Hispanic elders tend to rely on themselves for services they need or want. However, when help is needed from others, their daughters were the most frequently reported helpers for six of the nine services mentioned (care when ill, transportation, shopping, paying bills, and house keeping, and making important decisions). Daughters and sons were equally likely to provide help with legal matters. On the other hand, sons were the most frequently reported helpers for two services, minor house repairs and auto care. However, this study is not easily compared with others that explore care for chronically frail elders. Although the researchers asked about care during an acute illness, one of the criteria for inclusion into this study was that the elders had to be free of any incapacitating physical condition. Thus the chronically ill were excluded from the sample.

Another study focused on caregivers of a sample of Puerto Rican disabled elders drawn from a comparative study of African American, Puerto Rican, and non-Latino White people aged 60 years and older, and carried out in Springfield, Massachusetts (Delgado and Tennstedt 1997).

This study reveals that most of the elders were women, between 70 and 73 years old, about 40% of them lived alone, and few were married. Sons were found to provide assistance in a wide variety of activities. Moreover, an important proportion of sons were found to help the elderly not only with those tasks considered typically male-oriented, such as financial matters and transportation, but also with those considered female-oriented, such as house keeping and shopping. While the men did provide some non-traditional types of care, they still spent fewer hours doing it (about 30% fewer hours of care than daughters).

Even though the literature on Hispanic caregiving is scarce, studies show that women are more likely than men to be the caregivers, though the presence of men is important. Daughters are a very important source of help for their frail parents. They are more likely than sons to assist the elderly in tasks involving personal care, but sons are found to provide help with a variety of tasks. However, these findings must be interpreted with caution, since these studies either did not include those Hispanic who did not speak English or were conducted with small samples drawn from specific locations in the United States.

In summary, I have shown in this literature review the importance of the caregiver's gender when looking at caregiving for the frail elders. Kin relations also matter. Feminists have pointed out that it is necessary to look at interlocking power relations of gender, ethnicity and other social locations. However, to date these variables are rarely explored as intersecting, nor are they examined with nationally representative data.

For these reasons, in this study I investigate whether and how being Hispanic or being non-Hispanic White moderates the influence of gender on caregiving. To do so, I will address the following questions: (1) Are females more likely than males to be the caregivers for frail Hispanic elders? (2) Does a caregiver's gender predict the types of tasks s\he performs for Hispanic elders? (3) Do women provide more care to Hispanic elders than men do? (4) Do these relationships hold true among non-Hispanic Whites as well? and How different are these relationships between Hispanics and non-Hispanic Whites? And finally, (5) Among Hispanics and among non-Hispanic Whites, how does gender interact with marital status, number of children, and work status to predict the amount of care provided to the elders?

CHAPTER THREE

METHODS

Data and Sample

To answer these questions, I use data on Hispanic and non-Hispanic White elders and their caregivers, drawn from the first wave of the 1993 Asset and Health Dynamics Among the Oldest Old (AHEAD) study. AHEAD is a panel study, of a nationally representative sample of noninstitutionalized persons born in 1923 or earlier. The study oversampled the Hispanic elderly population (Soldo et al.1997).

I focus my analysis on unpaid caregiving to Hispanic and non-Hispanic White frail elders. To obtain my sample, I first selected Hispanic and non-Hispanic White elders from the data set. To do this, I relied on two variables in the study. The first, records the respondents' answers to the question: Do you consider yourself Hispanic or Latino? And the second, asks: Do you consider yourself primarily White or Caucasian, Black or African American, American Indian, or Asian, or something else? In this way I found a sample of 487 Hispanics, and 6937 non-Hispanic Whites. By merging this sample with the caregiver's file, I obtained the sample of caregivers that help Hispanic and non-Hispanic Whites elders (N=339, caregivers of Hispanic elders, and N=2193, caregivers for non-Hispanic Whites elders). I further restricted this sample to retain only the caregivers who are spouses (N=74 and N=742, respectively) and children and children-in-law (N=150 and N=654, respectively).

According to AHEAD, caregivers (or helpers) were those who were identified by the elders as providing assistance "most of the time" with ADL tasks, and with the IADL tasks (Wolf et al., 1997). For the purpose of this study a frail elder is a person who has identified at least one person who provides him/her help with at least one ALD or one IADL.

Variables

In this section I present the variables I use in this study and the way I have operationalized them, using the AHEAD data and codebook (The University of Michigan Survey Research Center 1998).

Independent Variables:

Gender: the gender of the caregiver, is based on the questions 'is HELPER male or female?' for helpers other than spouses, and 'sex of respondent' when the helper is a spouse. I recoded this variable as follow: 0=male; 1=female.

Work Status: this variable combines two variables that record the work status of children/household members and their spouses. I recoded this variable as: 0=not working, and 1=working (includes working full-time and part-time). I recoded it this way in order to have enough number of cases to do the statistical analyses. Originally, this variable was coded as: 1=more than 30 hours, or full time (N=379); 2=less than 30 hours or part time (N=75); and 3=not working (N=335).

Marital Status: this is a dummy variable, which is based on the question 'Is he\she married and living with (his\her) spouse, living with a partner, or not currently married? asked to household members and to non-resident children. I recoded it as 1=married, spouse present, or living with partner; and 0=single (alone).

Number of Children: this variable is continuous. It is based on the question 'How many children does NAMEn have? asked to household members and to non-resident children.

I also examine the interactions of Gender and Work Status, Gender and Marital Status, and Gender and Number of Children.

Control Variables

Gender: the gender of the care receiver or elder, taken from the variable Sex, recoded as 0=male; and 1=female.

Age: the age of the care receiver taken from the variable Age.

Level of Disability: this is the total number of ADLs and IADLs for which the elder needs help or has difficulty. I constructed this variable by adding two variables that recorded the number of ADLs (six in total) or of IADLs (five in total), respectively, for which the elder needs help or has difficulty.

Coresidence: This is a constructed dummy variable that has the values of 0=caregiver does not live with the elder; and 1=caregiver lives with the elder.

Dependent Variables

Type of Tasks

Help with Walking: a dummy variable that has the values 0= caregiver does not help with walking; 1=caregiver helps with walking. This variable is constructed using several variables, which contain the necessary information, but categorized according to the kin relation between caregiver and care receiver.

Similarly, I will construct the variables Help with Bathing, Help with Dressing, Help with Eating, Help with Getting in/out of Bed, Help with Using the Toilet, and Help with Managing Money, using their corresponding variables.

Frequency of Care

How Often: a continuous variable which answers the question: "How often in the last month did HELPER help you?" recoded as follows: 1=not at all; 2=less than once a week; 3=about once a week; 4=several times a week; 5=every day. (N=1618, missing=2, for spouses and children as caregivers).

Amount of time giving Care

Hours per Day: this is a continuous variable that answers the question: "On the days HELPER helped you, about how many hours per day was that? It takes values from 1 to 24 (N=1386, missing=234, for spouses and children as caregivers).

Hours per Week: a continuous variable constructed multiplying hours per day by days per week according to the responses to the previous two questions. I considered the category 'every day' as every day of the week; to the category 'several times a week' I randomly assigned one of the values 3, 4, or 5 with equal probability. I considered the category 'about once a week' as exactly one day per week. I eliminated the category 'less than once a week' due to the total lack

of information about the number of hours per day the caregiver helped (N=1385, missing=235; the latter figure includes 138 people who reportedly help 'less than once a week').

CHAPTER FOUR

ANALYSIS

Since care for disabled or frail elders occurs in the context of relationships among individuals, differences in caregiving would depend, in part, on the nature (type) of those relationships and on the characteristics of the people involved. We expect, for instance, that the relationship of gender to such things as who provides care, types of care tasks performed, issues involved in providing care and the like will differ in important ways when one is giving care to a parent versus a spouse. Indeed, many of the predictors of the amount of care provided will be different for spousal versus parental caregiving. For these reasons, I make a distinction among caregivers in terms of their relationship to the care receivers. In particular, to answer questions (1) through (4) I use spouses and the children and children-in-law as the caregivers; and to answer question (5) I use only the children and children-in-law as primary caregivers. A primary caregiver is the person who provides the most care.

To analyze the data, I use several statistical tests. For instance, to answer questions (1) and (4), I use a z-test to make a comparison of the proportion of females vs. males who are spouses and children and children-in-law caregivers of Hispanic elders. I do the same with caregivers of non-Hispanic White elders. I also use this test to make a comparison between the proportions of female caregivers who help Hispanic elders and the proportion of females who help non-Hispanic White elders.

To answer question (2) and (4), I use a Chi-Square test for each of the dependant variables. When there are not enough cases to use a Chi-Square test, I use Fisher's exact test. Since literature indicates that kin relationship is important, I do a separate analysis for spousal caregivers and for children and children-in-law. I also do this analysis for caregivers of non-Hispanic White elders.

To answer question (3) and (4), 'Do women provide more hours of care to Hispanic elders than men do?' I compare the average number of hours provided by female caregivers with that of male caregivers and will run a t-test. Once again, I do separate analyses for spouses and for children and children-in-law caregivers. I also do this analysis with the caregivers of non-

Hispanic White elders. Also, I run a t-test comparing the average number of hours of help provided by females who care for Hispanic elders vs. the one provided by females who care for non-Hispanic White elders.

The answer to number (5) requires a set of multiple regression equations with variables from Hispanic as well as non-Hispanic White elders and their children and children-in-law as their primary caregivers. The levels of significance from the analysis of variance of each equation are reported. I use the three dependent variables that account for the amount of help, How Often, Hours per Day, and Hours per Week. The independent variables are the characteristics of the elders as control variables, and those of the caregivers with their interaction terms.

CHAPTER FIVE

RESULTS

In this thesis, I address the following question: how does race\ethnicity influence the relationship of gender and care for frail elders? More specifically, I investigate whether and how being Hispanic or being non-Hispanic White moderates the influence of gender on caregiving. To do so, I address the following questions: (1) Are females more likely than males to be the caregivers for frail Hispanic elders? (2) Does a caregiver's gender predict the types of tasks s\he performs for Hispanic elders? (3) Do women provide more hours of care to Hispanic elders than men do? (4) Do these relationships hold true among non-Hispanic Whites as well? and, how different are these relationships between Hispanics and non-Hispanic Whites? And finally, (5) Among Hispanics and among non-Hispanic Whites, how does gender interact with the marital status, number of children, and work status of the caregivers to predict the amount of care they provide to the elders?

Before answering these questions, I present the characteristics of the caregivers who are spouses and children (this latter category includes children in-law) of Hispanic and non-Hispanic White elderly care recipients. I also present the characteristics of these elders. I have run tests for differences between Hispanic and non-Hispanic White elders and their caregivers for each variable considered: a t-test for equality of means for continuous variables and a z-test with proportions for the dichotomous ones.

Table 1 shows the mean values of some of the characteristics of the caregiver spouses (N=74) and caregiver children (N=150) of Hispanic frail elders, as well as those of the caregiver spouses (N=742) and caregiver children (N=654) of their non-Hispanic White counterparts. Results from the t and z tests (not shown) reveal that the spouses of Hispanic frail elders significantly differ from those of non-Hispanic White elders in terms of their level of education and number of children. Indeed, spouses of Hispanic elders attain dramatically fewer years of formal education than those of non-Hispanic White elders (an average of 5.6 years vs.11.3 years, respectively, p<.001), and they have a greater number of children (4.28 vs. 2.56, respectively, p<.001). There are no significant differences in terms of age and work status between these two groups of spouses. On the other hand, children of Hispanic frail elders are significantly younger than those of non-Hispanic White elders: 47 vs. 53 years old, respectively (p<.001). Children of

Hispanic elders also achieve significantly fewer years of formal education than children of non-Hispanic White elders: 10.4 vs. 12.8, respectively (p<.001). Even though the children of the two group of elders do not differ significantly in terms of their work status, marital status, and number of children, it is important to note that over half of these children are currently working (52% and 59% of the children of Hispanic and of non-Hispanic White elders, respectively), married (55% and 69%, respectively) and their average number of children is 2.44 and 2.16, respectively. The gender of the caregivers is predominantly female, and is discussed in more detail later.

Table 2 presents the characteristics of the elders who are cared for by spouses and/or children (Hispanic elders=182; non-Hispanic White elders=1252) and shows that in most respects these populations are quite similar. No significant differences between Hispanic and non-Hispanic White frail elders were found in terms of their gender, work status, marital status, level of disability and living arrangements. A little over half of these elders are females (57% and 51% of Hispanic and of non-Hispanic White elders, respectively). Over half of them are married or living with a partner (62% of Hispanic and 64% of non-Hispanic White elders, respectively), and almost none of them is currently working (about 3 to 4% are working). More than half of these elders share a residence with their caregivers (61% and 71% of the Hispanic and of non-Hispanic White elders, respectively). Their average level of disability is a little over 3.5 (3.9 and 3.5 for Hispanic and for non-Hispanic White elders, respectively, on a scale of 0 to 11). However, Hispanic and non-Hispanic White frail elders differ in terms of age, levels of education, number of children, place of birth, and in the language used in the interview. Indeed, the average age of Hispanic frail elders is 78.5, while that of non-Hispanic White ones is 79.6 (p=.05), the average highest grade of school achieved by the Hispanic elders is 4.7, while that of the non-Hispanic White elders is 10.4 (p<.001). Hispanic elders tend to have a greater number of children than their non-Hispanic White counterparts (5.80 vs. 2.9, p<.001). About one third of the Hispanic elders were born in the US, in contrast to 90% of their non-Hispanic Whites counterparts (p<.01). The table also shows that about 60% of the Hispanic elders were interviewed in Spanish, a fact that may indicate a lack of proficiency of the English language among this group of elders.

Questions 1 and 4: Gender and Caregiving

Results from statistical analyses reveal that females are indeed significantly more likely than males to be the caregivers of both Hispanic and non-Hispanic White elders (see Table 3, which shows the z-scores for tests of differences in proportions). Among caregivers who are the spouses of Hispanic elders, about two-thirds (67.6%) are females and one-third (32.4%) are males (N=74, p<.01). Among caregivers who are the children and children-in-law of Hispanic elders, about three-fourths (75.5%) are females and one-fourth (24.5%) are males (N=147, p<.01). Among caregivers of non-Hispanic White frail elders, seven of ten are female spouses (69.9%), and three of ten are men (30.1% N=741, p<.01). Similar proportions hold among those who are children and children-in-law (70.2% are females and 29.8% are males, N=651, p<.01). I also find no significant differences between the proportions of female caregivers to Hispanic and those to non-Hispanic White frail elders, regardless of kin relationship (see Table 4).

Questions 2 and 4: Gender and Task Assistance

To answer these questions, I use the information on caregivers who help elders perform needed ADLs "most often". In terms of IADLs, AHEAD provides information on the caregiver who most often helps preparing hot meals, shopping for groceries, making telephone calls and taking medications. I take this person to be the primary caregiver for these tasks. AHEAD also provides data on who is the next most frequent provider of help with IADLs, and I take these persons to be secondary caregivers. With respect to help with money management, AHEAD provides information on the caregiver who usually helps the elder who needs such assistance due to a health or memory condition.

The analyses reveal that, in the case of non-Hispanic White elders, husbands are more likely than women to assist their spouses with four of the six ADLs (i.e. bathing, dressing, getting in/out of bed and walking), and wives are significantly more likely than their male counterparts to help their spouses with IADLs when they are the primary caregivers (Table 5). However, I cannot say that gender is related to IADL assistance when the spouse is the secondary caregiver, or to the specific task of managing money. In the case of Hispanic elders, husbands are significantly more likely than wives to assist their spouses with managing money. No other test among spouses who take care of Hispanic elders shows statistical significance.

At least in the case of non-Hispanic White elders, the fact that men are more likely than women to assist the elderly with four ADLs is consistent with the literature that sustain that

gender differences in caregiving involvement become less prominent when caregivers are the spouses (as opposed to the children) of the elderly. That is, we expect husbands to be involved in the personal care of their wives.

A different pattern appears when the elders' caregivers are the children and children-in-law (see Table 6). Among non-Hispanic Whites, gender predicts caregiver involvement in three of the six ADLs, but, contrary to what I found in the case of spouse caregivers and somewhat consistent with the literature, women are more likely than men to help with three of these tasks (bathing, dressing and walking). At the same time, I cannot say that the gender of the caregivers (primary or secondary) is related to their assistance with IADLs, or to the specific task of managing money. In the case of Hispanic elders, the caregiver's gender is not a significant predictor of the type of tasks they perform, even in the case of money management.

It is important to note here that even though the tests for caregivers of Hispanic elders were overwhelmingly non-significant (only one in eighteen tests reached significance), some of the differences in the percentages between males and females who help perform ADLs or IADLs, are similar to those between male and female caregivers of non-Hispanic White elders in which statistical significance was reached. This fact may suggest that with a larger sample of caregivers of Hispanic elders, statistical significance might have been reached.

Questions 3 and 4: Gender and Amount of Time Provided

According to the analyses, women provide significantly more hours of care than men do to both Hispanic and non-Hispanic White elders if they are children and children-in-law (Table 7). Indeed, the data show that for Hispanic elders, daughters provide approximately 2.4 times more hours per day and 3.2 times more of hours per week of care than sons do (4.8 vs. 2.0 hours per day, and 29.4 vs. 9.2 hours per week, respectively, p<.05). Among non-Hispanic White elders, daughters provide approximately 1.3 times more hours per day and 1.5 times more hours per week than sons do (3.7 vs. 2.8 hours per day, and 20.0 vs. 13.4 hours per week, respectively, p<.05). Among spouses, the tests did not reach significance, and thus I cannot conclude that husbands and wives of both Hispanic and non-Hispanic White elders provide a different amount of care.

Looking across race and ethnicity, the analyses also reveal that daughters and daughters-in-law of Hispanic elders provide approximately 1.5 times more hours per week of care to their parents than do daughters and daughters-in-law of non-Hispanic White elders (Table 8). No

significant differences were found between the amount of care (hours per day and hours per week) provided by the wives of Hispanic and non-Hispanic White elders, or between the amount of hours per day provided by daughters of Hispanic and non-Hispanic White elders.

Question 5: Gender and its Interaction with Work Status, Marital Status and Number of Children

Tables 9a, 9b, and 9c show descriptive statistics for the variables included in the regression equations for the different dependent variables (frequency of care, hours per day and hours per week). Tables 10, 11 and 12 show the unstandardized coefficients for each of the regressions. Not shown in the tables are the analyses for collinearity. These latter analyses show that multicollinearity is present in only one of these regressions.

As we can see from the last three tables, despite the fact that the coefficient for the gender of the caregiver reaches significance in many of the regressions without interaction, none of the coefficients of the interaction terms when included in the regressions are significant. Therefore, I cannot say that the effect of the caregiver's work status, marital status, and number of children on the amount of care they provide vary by their gender, for either Hispanic and non-Hispanic White elders.

These tables show some other interesting findings. For instance, caregivers' work status significantly affects the amount of care provided to non-Hispanic White elders. Indeed, according to the coefficients, primary caregivers who are working provide less care than those who are not, and this hold true for all the three dependent variables. Table 10 also shows that the number of children affects the amount of care provided to Hispanic elders. As the number of children the caregiver has increases, the amount of care he\she provides decreases. These regressions also show that, as previous studies have shown, the level of disability of the elder and co-residence (in most of the regressions) significantly affect the amount of care provided to the elders. A greater level of disability requires more care, and children who reside with their elders provide more care than those who do not.

The literature suggested that one could expect gender variations in the way that the work status, marital status and the number of children of the caregivers affect the amount of care provided. However, the data used in this study did not support this assumption, for either Hispanic or non-Hispanic White elders. These data did provide evidence that some characteristics of the primary caregivers, such as the work status and the number of children

affect the provision of care for the elderly. Interestingly, significance was reached for one group of elders and not for the other. Further studies are needed to clarify why this happens.

CHAPTER SIX

DISCUSSION

As I stated previously, when looking at caregiving of frail elders, feminist scholars have pointed to the need to consider not only the caregiver's gender but also the interlocking power relations of gender and other social locations, such as race and ethnicity. The literature review has demonstrated that these variables are rarely explored as intersecting, and that few studies have explored these issues with nationally representative data. For these reasons, this study addressed the following question: how does race\ethnicity influence the relationship of gender and care for frail elders? More specifically, it investigated whether and how being Hispanic or being non-Hispanic White moderates the influence of gender on caregiving, and asked: (1) Are females more likely than males to be the caregivers for frail Hispanic elders? (2) Does a caregiver's gender predict the types of tasks s\he performs for Hispanic elders? (3) Do women provide more hours of care to Hispanic elders than do men? (4) Do these relationships hold true among non-Hispanic White as well? and, how different are these relationships between Hispanic and non-Hispanic White? And finally, (5) Among Hispanic and among non-Hispanic Whites, how does gender interact with the marital status, number of children, and work status of the caregivers to predict the amount of care to the elders?

With respect to the sample characteristics, this study revealed that caregiver spouses of Hispanic frail elders differ significantly from those of non-Hispanic White frail elders in terms of their level of education and number of children. Indeed, caregiver spouses of Hispanic elders attain fewer years of formal education (5.6 vs. 11.3, respectively) and have more children than those of non-Hispanic White elders (4.28 vs. 2.56, respectively). Caregivers who are children and children-in-law of Hispanic elders differ from those of non-Hispanic White elders in two aspects. As was the case with spouses, caregiver children of Hispanic elders attain fewer years of formal education than children of non-Hispanic White elders (10.4 vs. 12.8, respectively), and consistent with previous findings (National Alliance for Caregiving and AARP 1997) they are younger than those of non-Hispanic White elders (47 vs. 53 years old, respectively). Although no significant differences were found in terms of work status, marital status and number of children,

it is important to mention that half of these children are married, working and have an average of 2.5 children.

The study also revealed that Hispanic frail elders who are cared for by spouses and/or children and children-in-law differ from their non-Hispanic White counterparts in terms of their age, number of children, level of education, place of birth, and language used in the interview. Indeed, the Hispanic elders are younger (78.5 vs. 79.6 years old, respectively) and tend to have more children (5.8 vs. 2.9, respectively) than non-Hispanic White elders. Consistent with previous findings (Andrews 1989; Cantor et al. 1994), these Hispanic elders attain fewer years of formal education (4.7 vs. 10.4, respectively), and fewer of them are native born (35% vs. 90%, respectively), in comparison to their non-Hispanic White counterparts. Lack of proficiency in the English language may also be a problem for these Hispanic elders. Indeed, about 61% of them were interviewed in Spanish. No significant differences between Hispanic frail elders and their non-Hispanic White counterparts were found in terms of their gender composition (57% vs. 51% were females, respectively), marital status (62% vs. 64% were married or living with a partner, respectively), work status (3% vs. 4% were currently working, respectively), living arrangements (61% vs. 71% live with their caregivers, respectively), and level of disability. In contrast to previous findings with a local sample that demonstrated that Hispanic elders were more disabled than their non-Hispanic White counterparts (Tennstedt et al. 1998), this national data revealed no significant differences in the level of disability between them. This difference might be due to the way frail elders were defined. Indeed, in the former study, elders were considered disabled only if they reported 'substantial difficulty' with at least one of the ADLs or IADLs.

With respect to the gender of the caregivers, my results confirm those of previous ones that have shown the predominance of women as caregivers, (see Horowitz 1985a; Stone et al. 1987; National Alliance for Caregiving and AARP 1997). Indeed, this study revealed that for Hispanic elders, about two-thirds (67.6%) of the spouses who are caregivers are wives and about three-fourth (75.5%) of the children who are caregivers are daughters; for non-Hispanic White elders, seven of ten (69.9%) of the spouses who are caregivers are wives, and about 70.2% of the children who are caregivers are daughters.

As we recall from the literature review, research using a national random sample of caregivers (National Alliance for Caregiving and AARP 1997) revealed that women represented about 73.5% of the non-Hispanic White caregivers, but only 67% of the Hispanic ones. These

results might have led us to expect a greater proportion of women taking care of non-Hispanic White than of Hispanic elders. This study however, revealed no statistical differences between the proportions of female caregivers to Hispanic and those to non-Hispanic White elders, regardless of kin relationship. Perhaps had I used a sample that include all female caregivers, not just the wives and the daughters, or had I use other relations (such as siblings, friends, or neighbors), the expected results might had been reached. It might be that differences in the gender composition of relations other than spouses or children differ by race\ethnicity. Further studies should investigate this assumption.

With respect to the type of tasks involved in caregiving, my study revealed that, in the case of non-Hispanic White elders, husbands were more likely than wives to assist their spouses with four of the six ADLs. This finding is consistent with the literature that maintains that gender differences in caregiving involvement become less prominent when caregivers are the spouses of the elders. Husbands are indeed involved in the personal care of their wives. The study also revealed that wives as primary caregivers were more likely than husbands to assist their spouses with IADLs. Unfortunately, AHEAD does not allow us to obtain a separate analysis for each task (except money management). Perhaps, grouping all these tasks together has obscured the fact that husbands may indeed be more likely than wives to be involved in assisting their spouses with some of these tasks, as previous studies have shown (Dwyer and Seccombe 1991). In the case of Hispanic elders, this study revealed that, contrary to what Dyers and Seccombe (1991) found, husbands were more likely than wives to assist their spouses with managing money. This finding may suggest that when Hispanic husbands are no longer able to take care of their finances their spouses turn to others for help.

In the case of children as caregivers of non-Hispanic White elders, my study showed that daughters are more likely than sons to help their parents with three of these tasks (bathing, dressing and walking). These results are consistent with those of the literature review that finds daughters more likely than sons to be involved in tasks that require regular assistance, such as those involved in the personal care of their parents (Horowitz 1985b, Stoller 1990).

As I stated in the previous chapter, a larger sample of caregivers is needed to test whether the caregivers' gender predicts tasks involvement, especially with caregivers of Hispanic elders (for which many of the tests did not reach significance). Also, studies on caregivers other than

the primary one for ADLs, or more than the primary and secondary one for the IADLs are also needed to fully understand how gender predicts task involvement.

With respect to gender and amount of time provided, the results of this study confirm those of previous ones that had shown that daughters spend more time than sons do providing care to their parents (Chang and White-Means 1991; Dwyer and Seccombe 1991; Delgado and Tennstedt 1997). Daughters of Hispanic elders spend approximately 2.4 times more hours per day and 3.2 times more hours per week of care than sons do. Similarly, daughters of non-Hispanic White elders spend about 1.3 times more hours of care per day and 1.5 times more hours per week than their male counterparts do.

The tests among caregiver spouses of both Hispanic and non-Hispanic White elders did not reach significance. It could have been the case that the wives' work was underestimated (Dwyer and Seccombe 1991). That is, the extra amount of time a wife spends preparing a new diet appropriate to the new needs of her husband, for instance, may not be reported by him as time spent in caregiving, since she was already in charge of the food preparation. On the other hand, it might also be the case that husbands, because of lack of skills, spend extra time preparing meals (that is, more than what a wife would in the same situation). Further studies should consider this matter when formulating the questions on amount of time providing care.

One of the most important findings of this study is the statistically significant ethnic/racial difference in terms of the amount of care provided. Daughters and daughters-in-law of Hispanic elders spend approximately 1.5 times more hours per week providing care to their parents than daughters and daughters-in-law of non-Hispanic White elders do. This finding might have been suggested by that of another study carried out with a nationally representative sample of caregivers that found that Hispanic caregivers spend slightly more hours of care per week than their non-Hispanic White counterparts (National Alliance for Caregiving and AARP 1997). One explanation for this finding might be related to the differences in economic status between Hispanic and non-Hispanic White elders. According to the literature, the poverty rate of Hispanic elders is higher than that of the general older population and their mean annual income (\$7,251) is less than half of that of non-Hispanic White elders (Andrews 1989; Cantor et al. 1994). Economic restrictions may prevent elders from hiring paid help, for instance, or from seeking assistance offered by agencies, senior centers or churches. Lack of English proficiency may also hinder their opportunity to seek assistance outside their family (such as that offered by

senior centers). In any case, Hispanic daughters, who are already disadvantaged in terms, for instance, of their employment (holding jobs that are lower paid than those of their non-Hispanic White counterparts) spend more hours caring for their disabled parents than daughters of non-Hispanic White elders. Further studies should look at differences among male caregivers of Hispanic and non-Hispanic White elders in terms of the amount of time providing care. They should also look at gender differences among other kin relations, or among caregiver who are friends and neighbors of the elders.

The results of this study do not allow me to conclude that the effect of the caregivers' work status, marital status, and number of children on the amount of care they provide to their parents vary according to their gender. However, this study reveals that the number of children affects the amount of care provided to Hispanic elders; as the number of children increases, the amount of care decreases. It is possible that economic restrictions prevent caregivers of Hispanic elders from obtaining the child care that might allow them to provide care for their parents. The study also shows that the caregivers' work status significantly affects the amount of time provided to non-Hispanic White elders, with caregivers who are working providing less care than those who are not. According to the literature, being employed per se does not mean that the responsibility for care decreases, as women who are employed are as likely to provide care as those not working for pay (Moen, Roberson, and Field 1994). As is the case for domestic labor, women who work for pay do perform less labor; however, this does not mean their spouses do more. Instead, it appears that either less is done or someone else is hired to do it (Coverman and Sheley 1986).

The fact that spousal caregiving is predominantly done by wives may be explained by women marrying men older than them and by their higher life expectancies. According to a recent report from the Administration on Aging, White women and men have a life expectancy at birth of 80.1 and 73.6, respectively; while those of Hispanics women and men are 82.2 and 74.9, respectively (Administration on Aging, 1997). However younger and healthier than their spouses, these wives might feel overwhelmed with the burden of having to care for a disabled husband, especially if they are the sole caregivers.

Daughters, on the other hand, outnumber sons as caregivers and spend more time caring for their parents than they do, even when the tasks involved can be done by either one of them. The situation of daughters of Hispanic elders may be particularly difficult, as they provide

assistance to elders who may have serious economic problems, may not speak the language, and, as the literature indicates, may suffer higher rates of specific medical conditions (Andrews 1989), which may require care for long periods of time. Further studies may investigate how differences in the prevalence of certain medical conditions may affect caregiving and how this relation is moderated by ethnicity\race.

Besides the ones already mentioned, one of the most important limitations of this study is that it has looked at assistance provided to only certain types of tasks, that is activities of daily living or ADLs and instrumental activities of daily living or IADLs. Had it considered assistance with other tasks, such as lawn moving or snow shoveling, perhaps the gender gap would have narrowed.

In conclusion, this study has shown that women are more likely than men to be the caregivers of Hispanic and non-Hispanic White frail elders in the kin categories of spouses and children. It has also shown many cases in which the caregivers' gender predicts the type of tasks for which they provide assistance. For instance, among spouse caregivers of non-Hispanic White elders, gender predicts task involvement in four of six of the ADLs, with husbands more likely than wives to assist their spouses with such tasks. This finding was consistent with previous ones that found that gender differences become less prominent among caregivers spouses. The study has also shown that wives are more likely than husbands to assists their spouses with IADLs when they are the primary caregivers. In the case of Hispanic elders, husbands were found to be more likely than wives to help with managing money. Another finding consistent with the literature was that daughters of non-Hispanic White elders are more likely than sons to help with ADLs, that is, with tasks that require regular assistance. The study also showed that daughters spend more time than sons providing care to their elder parents. Most importantly, it showed that daughters of Hispanic elders spend more time than daughters of non-Hispanic White ones. The results of this study do not allow me to conclude that the effect of the caregiver's work status, marital status, and number of children on the amount of care provided vary by their gender, for either Hispanic and non-Hispanic White elders. Perhaps by adjusting the composition and the size of the samples I might uncover more details of the ways that ethnicity\race moderates the influence of gender on caregiving of frail elders.

This study has shown the predominance of daughters as caregivers of Hispanic and non-Hispanic White elders. It has also shown that daughters of Hispanic and non-Hispanic White

elders provide more care than sons do, and that daughters of Hispanic elders provide more care than daughters of non-Hispanic White elders. From a feminist perspective, I interpret these findings as demonstrating interlocking power relations among gender and ethnicity/race. When the elders in our society need assistance, daughters are more likely than sons to do it. Moreover, daughters of Hispanic elders, who are already disadvantaged in many respects, provide more care to their parents than do daughters of non-Hispanic White elders.

This study has focused only on caregivers who are spouses and children and children-inlaw of Hispanic and non-Hispanic White elders. As I stated previously, future research should look at the caregiver's gender composition in other kin and non-kin relations. Similarly, they should examine how gender predicts task involvement, and at the role that gender, as well as other characteristic of the caregivers, play in the provision of time they spend in elder care.

As the elderly population continues to grow, many people will be required to care for them should they become frail. Women as well as men, family as well as members of the community, are all capable of providing the 'caring for' and the 'caring about' involved in caregiving. It is imperative that the provision of care of our elders does not fall disproportionately in the hands of disadvantage members of our society.

APPENDIX

Table 1. Caregivers of Hispanic and of Non-Hispanic White Elders by Kin Relationship

		Hi	ispanic El	ders			Non-H	Hispanic V	Vhite Elders	•
	N	Min.	Max.	Mean	S.D.	N	Min.	Max.	Mean	S.D.
Spouses										
Gender (1=female)	74	0	1	.68	.47	741	0	1	.70	.40
Age	74	44	92	73.73	9.16	742	44	93	75.14	6.50
Education	74	0	17	5.62	4.77	742	0	17	11.31	3.12
Work Status (1=working)	74	0	1	.05	.23	742	0	1	.10	.30
Number of Children	74	0	14	4.28	3.32	742	0	11	2.56	1.70
Children ^a										
Gender (1=female)	147	0	1	.76	.43	651	0	1	.70	.4
Age	143	23	76	47.22	10.94	632	25	76	53.22	9.9
Education	133	0	17	10.36	3.98	628	3	17	12.83	2.4
Work Status (1=working)	145	0	1	.52	.50	644	0	1	.59	.4
Marital Status (1=married)	150	0	1	.55	.50	653	0	1	.69	.4
Number of Children		0	13	2.44	2.35	651	0	11	2.16	1.6

^a Includes Children-in-Law

Table 2. Characteristics of Hispanic and of Non-Hispanic White Frail Elders

		Hispanio (N=1			Non-His	Non-Hispanic White Elders (N=1252)			
	Min.	Max.	Mean	S.D.	Min.	Max.	Mean	S.D.	
Gender (1=female)	0	1	.57	.50	0	1	.51	.50	
Age	50	103	78.47	8.44	48	103	79.63	7.32	
Education	0	16	4.74	4.27	0	17	10.35	3.55	
Work Status (1=working)	0	1	.03	.18	0	1	.04	.19	
Marital Status (1=married)	0	1	.62	.49	0	1	.64	.48	
Level of Disability	0	11	3.93	3.27	0	11	3.50	2.94	
Co-residence (1=yes)	0	1	.61	.49	0	1	.71	.46	
Number of Children	0	20	5.80	3.78	0	14	2.95	2.10	
Born in U.S. (1=yes)	0	1	.35	.48	0	1	.90	.29	
Language of Interview (1=Spanish)	0	1	.61	.49	0	1	.00	.06	

Table 3. Percentage of Caregivers of Hispanic and Non-Hispanic White Elders by Gender

	C	aregivers of	Hispanic Elde	rs	Caregivers of Non-Hispanic White Elders					
Kin Relationship	Total	Male	Female	z-score	Total	Male	Female	z-score		
Spouses	N=74	32.4 N=24	67.6 N=50	3.229**	N=741	30.1 N=223	69.9 N=518	11.851**		
Children ^a	N=147	24.5 N=36	75.5 N=111	7.185**	N=651	29.8 N=194	70.2 N=457	11.285**		

Table 4. Percentage of Female Caregivers of Hispanic and Non-Hispanic White Elders

	Caregivers of Hispanic Elders	Caregivers of Non-Hispanic White Elders	z-score
Spouses	67.6	69.9	0.411
	N=50	N=518	
Children ^a	75.5	70.2	-1.338
	N=111	N=457	

Source: Asset and Health Dynamics of The Oldest Old (AHEAD) First Wave (1993)

Two-tailed tests

^{**} p<.01 (two-tailed tests)

a Includes Children-in-law

^a Includes Children-in-law

Table 5. Percentage of Spousal Caregivers of Hispanic and Non-Hispanic White Elders by Caregiver's Gender and Type of Task

	Car	egivers of His	spanic Elders	Care	givers of Non-	Hispanic White Elders
Type of Task	Male (N=24)	Female (N=50)	Fisher's Exact Test	Male (N=223)	Female (N=518)	Chi-Square
ADLs:						
Bathing	8.3	6.0	n.s.	8.5	3.7	7.544**
Dressing	8.3	10.0	n.s.	18.4	10.6	8.341**
Eating	8.3	4.0	n.s.	6.7	4.8	n.s.
Getting in/out of Bed	16.7	4.0	n.s.	9.9	3.1	14.715***
Using the Toilet	4.2	4.0	n.s.	4.9	2.9	n.s.
Walking	8.3	6.0	n.s.	8.5	3.7	7.544**
IADLs:						
Primary Caregiver	75.0	92.0	n.s.	87.4	93.8	8.523**
Secondary Caregiver	4.2	8.0	n.s.	5.4	2.7	n.s.
Managing Money	41.7	6.0	.000***	25.1	22.6	n.s.

ADLs: Activities of Daily Living

IADLs: Instrumental Activities of Daily Living * p<.05 **p<.01 *** p<.001 (two-tailed tests)

Table 6. Percentage of Children^a Caregivers of Hispanic and non-Hispanic White Elders by Caregiver's Gender and Type of Task

		Caregiv	ers of Hispanic	Elders		Caregivers of	Non-Hispanic V	White Elders
Type of Task	Male (N=36)	Female (N=111)	Fisher's Exact Test	Chi-Square	Male (N=194)	Female (N=457)	Fisher's Exact Test	Chi-Square
ADLs:	` ,	` ,			, ,	,		
Bathing	5.6	15.3	n.s.		4.6	14.0		11.997***
Dressing	5.6	11.7	n.s.		2.1	7.7		7.575**
Eating	0.0	5.4	n.s.		2.6	5.9		n.s.
Getting in/out of Bed	2.8	7.2	n.s.		1.0	3.5		n.s.
Using the Toilet	2.8	9.0	n.s.		1.0	2.4	n.s.	
Walking	5.6	11.7	n.s.		2.1	6.1		4.815*
IADLs:								
Primary Caregiver	58.3	65.8		n.s.	67.5	65.7		n.s.
Secondary Caregiver	47.2	48.7		n.s.	37.6	36.8		n.s.
Managing Money	16.7	26.1		n.s.	38.7	35.0		n.s.

Source: Asset and Health Dynamics of The Oldest Old (AHEAD) First Wave (1993)

ADLs: Activities of Daily Living

IADLs: Instrumental Activities of Daily Living * p<.05 **p<.01 *** p<.001 (two-tailed tests)

^a Includes Children-in-Law

Table 7. Mean Hours of Care Provided to Hispanic and Non-Hispanic White Elders by Caregivers' Gender

Hours of Care		Caregivers of Hispanic Elders							Caregivers of Non-Hispanic White Elders					
		Male			Female		t-test		Male			Female		t-test
	N	Mean	S.D.	N	Mean	S.D.		N	Mean	S.D.	N	Mean	S.D.	
Hours per														
Day														
Spouses	21	5.95	8.00	45	6.18	7.46	112	206	4.57	6.61	466	4.63	6.37	117
Children ^a	26	2.00	1.17	92	4.82	6.11	-2.332*	156	2.79	3.57	371	3.71	4.69	-2.189*
Hours per														
Week														
Spouses	21	40.43	56.83	45	42.58	52.38	151	206	29.95	47.24	466	31.82	44.89	491
Children ^a	26	9.23	10.08	92	29.45	42.01	-2.427*	156	13.36	24.81	370	20.01	33.41	-2.240*

Source: Asset and Health Dynamics of The Oldest Old (AHEAD) First Wave (1993)

^a Includes Children-in-Law

* p<.05 (two-tailed tests)

Table 8. Mean Hours of Care Provided to Hispanic and Non-Hispanic White Elders. Female Caregivers Only.

	Care	egivers of H	Hispanic	Ca	regivers of	f Non-	
		Elders		Hisp	e Elders		
	N	Mean	S.D.	N	Mean	S.D.	t-test
Spouses							
Hours per Day	45	6.18	7.46	466	4.63	6.37	1.532
Hours per Week	45	42.58	52.38	466	31.82	44.89	1.511
Children ^a							
Hours per Day	92	4.82	6.11	371	3.71	4.69	1.895
Hours per Week	92	29.45	42.01	370	20.01	33.41	2.295*

^a Includes Children-in-Law

^{*}p<.05 (two-tailed tests)

Table 9a. Descriptive Statistics for the Variables Included in the Regressions for Frequency of Care.

		Hisp	anic Elders		Non-	Hispanic W	hite Elders	(N=506)
		(.	N=105)					
	Min.	Max.	Mean	S.D.	Min.	Max.	Mean	S.D.
How Often	1	5	4.13	1.11	1	5	3.93	1.10
Caregiver								
Gender (1=female)	0	1	.78	.42	0	1	.70	.46
Work Status (1=working)	0	1	.50	.50	0	1	.56	.50
Marital Status (1=married)	0	1	.48	.50	0	1	.68	.47
Number of Children	0	13	2.39	2.31	0	11	2.14	1.60
Elder								
Gender (1=female)	0	1	.75	.44	0	1	.83	.38
Age	50	103	79.15	8.72	51	103	83.05	7.34
Level of Disability	0	11	4.30	3.35	0	11	4.24	2.83
Co-residence (1=yes)	0	1	.50	.50	0	1	.36	.48
Interaction Term								
GenderxWork Status	0	1	.40	.49	0	1	.37	.48
GenderxMarital Status	0	1	.36	.49	0	1	.47	.50
GenderxNumber of children	0	13	1.93	2.39	0	11	1.58	1.74

Table 9b. Descriptive Statistics for the Variables Included in the Regressions for Hours per Day^a.

		Hispanic	Elders (N	=89)	No	n-Hispanic V	White Elders	(N=431)
	Min.	Max.	Mean	S.D.	Min.	Max.	Mean	S.D.
Hours per Day ^a	.00	3.18	1.02	.94	.00	3.18	.86	.81
Caregiver								
Gender (1=female)	0	1	.79	.41	0	1	.70	.46
Work Status (1=working)	0	1	.51	.50	0	1	.57	.50
Marital Status (1=married)	0	1	.49	.50	0	1	.67	.47
Number of Children	0	13	2.39	2.32	0	11	2.12	1.61
Elder								
Gender (1=female)	0	1	.75	.44	0	1	.83	.38
Age	50	103	79.17	8.76	51	103	83.04	7.33
Level of Disability	0	11	4.31	3.37	0	11	4.24	2.82
Co-residence (1=yes)	0	1	.50	.50	0	1	.36	.48
Interaction Term								
GenderxWork Status	0	1	.41	.49	0	1	.37	.48
GenderxMarital Status	0	1	.38	.49	0	1	.47	.50
GenderxNumber of Children	0	13	1.92	2.40	0	11	1.58	1.75

Source: Asset and Health Dynamics of the Oldest Old (AHEAD) First Wave (1993)

^a Natural Logarithm

Table 9c. Descriptive Statistics for the Variables Included in the Regressions for Hours per Week^a

		Hispanic Elders (N=90)				Non-Hispanic White Elders (N=431)				
	Min.	Max.	Mean	S.D.	Min.	Max.	Mean	S.D.		
Hours per Week ^a	.00	5.12	2.50	1.38	.00	5.12	2.11	1.28		
Caregiver										
Gender (1=female)	0	1	.79	.41	0	1	.70	.46		
Work Status (1=working)	0	1	.51	.50	0	1	.56	.50		
Marital Status (1=married)	0	1	.48	.50	0	1	.67	.47		
Number of Children	0	13	2.39	2.31	0	11	2.13	1.61		
Elder										
Gender (1=female)	0	1	.75	.44	0	1	.83	.38		
Age	50	103	79.15	8.72	51	103	83.04	7.33		
Level of Disability	0	11	4.30	3.35	0	11	4.24	2.82		
Co-residence (1=yes)	0	1	.50	.50	0	1	.36	.48		
Interaction Term										
GenderxWork Status	0	1	.41	.49	0	1	.37	.48		
GenderxMarital Status	0	1	.37	.48	0	1	.47	.50		
GenderxNumber of Children	0	13	1.93	2.39	0	11	1.59	1.75		

^a Natural Logarithm

Table 10. Unstandardized Regression Coefficients for Frequency of Care per Month Provided by Children^a as Primary Caregivers to Hispanic and Non-Hispanic White Frail Elders.

		Hispanic E	lders		N	on-Hispanic \	White Elders	}
Variable		-				_		
Caregiver								
Gender (1=female)	.606**	.516	.618	.289	.176	001	.005	.143
	(.221)	(.309)	(.317)	(.331)	(.092)	(.146)	(.162)	(.150)
Work Status (1=working)	.186	.037	.185	.210	273**	483**	267**	273**
	(.189)	(.399)	(.191)	(.189)	(.087)	(.159)	(.087)	(.087)
Marital Status (1=married)	225	212	207	209	.012	.012	180	.013
	(.209)	(.212)	(.410)	(.209)	(.102)	(.102)	(.181)	(.102)
Number of Children	097*	097*	-0.107*	233*	024	024	024	038
	(.045)	(.045)	(.045)	(.115)	(.027)	(.027)	(.027)	(.055)
Elder								
Gender (1=female)	.267	.275	.267	.318	.048	.049	.049	.050
	(.211)	(.213)	(.212)	(.214)	(.111)	(.111)	(.111)	(.111)
Age	.000	.000	.000	000	002	002	001	002
_	(.011)	(.011)	(.011)	(.011)	(.006)	(.006)	(.006)	(.006)
Level of Disability	.142***	.142***	.142***	.140***	.084***	.085***	.084***	.084***
·	(.029)	(.029)	(.030)	(.029)	(.015)	(.015)	(.015)	(.015)
Co-residence (1=yes)	.566**	.563**	.567**	.599**	.927***	.924***	.904***	.927***
•	(.204)	(.205)	(.207)	(.205)	(.100)	(.100)	(.101)	(.100)
Interaction Term								
GenderxWork Status		.190				.292		
		(.447)				(.185)		
GenderxMarital Status			024				.255	
			(.456)				(.199)	
GenderxNumber of Children				.157				.018
				(.122)				(.062)
R^2	.391***	.392***	.391***	.401***	.289***	.292***	.291***	.289***
R^2_{adj}	.340	.335	.333	.345	.277	.279	.278	.276
N	105	105	105	105	506	506	506	506

Note: Numbers in parentheses are standard errors.

^a Includes Children-in-law

^{*}p<.05 **p<.01 ***p<.001 (two-tailed tests)

Table 11. Unstandardized Regression Coefficients of Hours of Care per Day^a Provided by Children^b as Primary Caregivers to Hispanic and Non-Hispanic White Frail Elders

	Hispanic Elders				Non-Hispanic White Elders			
Variable		-				=:		
Caregiver								
Gender (1=female)	.383	.560	.459	.214	.168*	.103	.257*	.314*
	(.205)	(.299)	(.280)	(.307)	(.076)	(.117)	(.130)	(.121)
Work Status (1=working)	.077	.367	.062	.095	273***	354**	276***	274***
	(.175)	(.397)	(.180)	(.177)	(.071)	(.131)	(.071)	(.071)
Marital Status (1=married)	090	127	.052	087	076	076	.027	082
	(.198)	(.204)	(.404)	(.199)	(.082)	(.082)	(.146)	(.082)
Number of Children	024	023	022	101	.024	.024	.024	.086
	(.046)	(.046)	(.046)	(.114)	(.022)	(.022)	(.022)	(.046)
Elder								
Gender (1=female)	.367	.334	.360	.394	.025	.023	.025	.023
	(.196)	(.200)	(.197)	(.200)	(.092)	(.092)	(.092)	(.092)
Age	.006	.006	.005	.005	.002	.002	.001	.001
	(.010)	(.010)	(.010)	(.010)	(.005)	(.005)	(.005)	(.005)
Level of Disability	.145***	.145***	.147***	.143***	.104***	.104***	.104***	.103***
	(.026)	(.026)	(.027)	(.026)	(.012)	(.012)	(.012)	(.012)
Co-residence (1=yes)	.278	.293	.290	.295	.293***	.292***	.305***	.301***
	(.184)	(.186)	(.188)	(.186)	(.080)	(.080)	(.081)	(.080)
Interaction Term	` ,	, ,	` '	,	` '	, ,	,	,
GenderxWork Status		353				.112		
		(.434)				(.152)		
GenderxMarital Status			179				137	
			(.443)				(.162)	
GenderxNumber of Children				.090				079
				(.121)				(051)
R^2	.372***	.377***	.373***	.376***	.262***	.263***	.263***	.266***
$ m R^2_{adj}$.309	.306	.302	.305	.248	.247	.248	.251
N	89	89	89	89	431	431	431	431

Note: Numbers in parentheses are standard errors.

^a Natural Logarithm

^b Includes Children-in-Law

^{*}p<.05 **p<.01 ***p<.001 (two-tailed tests)

Table 12. Unstandardized Regression Coefficients of Hours of Care per Week^a Provided by Children^b as Primary Caregivers to Hispanic and to Non-Hispanic White Frail Elders.

•	Hispanic Elders				Non-Hispanic White Elders				
Variable									
Caregiver									
Gender (1=female)	.946**	.866*	.815*	.686	.336**	.116	.295	.384*	
	(.280)	(.409)	(.382)	(.420)	(.110)	(.168)	(.187)	(.175)	
Work Status (1=working)	.291	.160	.316	.317	430***	701***	428***	430***	
	(.239)	(.545)	(.245)	(.241)	(.103)	(.188)	(.103)	(.103)	
Marital Status (1=married)	203	187	448	199	053	055	101	055	
	(.266)	(.275)	(.552)	(.267)	(.118)	(.118)	(.211)	(.118)	
Number of Children	063	063	066	181	001	001	001	.019	
	(.062)	(.063)	(.063)	(.155)	(.031)	(.031)	(.031)	(.066)	
Elder									
Gender (1=female)	.336	.348	.342	.378	.043	.039	.043	.042	
	(.268)	(.273)	(270)	(.273)	(.132)	(.132)	(.132)	(.132)	
Age	.009	.009	.010	.009	.004	.004	.004	.004	
2	(.013)	(.013)	(.013)	(.013)	(.007)	(.007)	(.007)	(007)	
Level of Disability	.223***	.223***	.219***	.222***	.151***	.151***	.151***	.150***	
	(.035)	(.036)	(.037)	(.036)	(.018)	(.018)	(.018)	(.018)	
Co-residence (1=yes)	.458	.452	.437	.485	.981***	.979***	.976***	.984***	
	(.251)	(.253)	(.256)	(.254)	(.115)	(.115)	(.117)	(.115)	
Interaction Term	, ,	` ,	, ,	, ,	` ,	` '	` '	` ,	
GenderxWork Status		.158				.377			
		(.593)				(.219)			
GenderxMarital Status			.307				.064		
			(.606)				(.234)		
GenderxNumber of Children				.138				025	
				(.166)				(.073)	
R^2	.454***	.455***	.456***	.459***	.385***	.389***	.385***	.385***	
R^2_{adj}	.401	.394	.395	.398	.373	.376	.372	.372	
N	90	90	90	90	431	431	431	431	

Source: Asset and Heath Dynamics of the Oldest Old (AHEAD) First Wave (1993) Note: Numbers in parentheses are standard errors.

^a Natural Logarithm

^b Includes Children-in-Law

^{*}p<.05 **p<.01 ***p<.001 (two-tailed tests)

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