

Women and men are equally likely to be caregivers for dependent partners, but the nature of their help differs

Respecting their wishes as to where they should be cared for, elderly people who are losing their autonomy are encouraged to remain at home, but in doing so a large part of the burden of care is implicitly placed upon their family and friends. When the elderly lose their independence, the people who live with them, especially their partners, are the first to be called upon to provide day-to-day assistance. Using detailed data on the difficulties faced by older people in their daily lives and the tasks performed by their caregivers in their homes, we examine the influence of gender on the likelihood of helping a dependent partner, as well as the type of tasks performed.

- About 40% of the partners of an elderly person who has at least a mild difficulty provide them support.
- Women and men in couples are equally likely to help their dependent partners, given the same age and needs, and considering all tasks together.
- Women and men do not perform the same tasks for their partners and this is not due to the age or needs of the partners being helped.
- Women help more with bodily care (+10 percentage points), such as dressing and washing.
- Men help more with tasks that take place outside the home, such as shopping (+6 percentage points).
- The age difference between partners influences the caregiving relationship. In couples where the man is older, female caregivers are more likely to provide any type of help.



Introduction

Legally, in France, an "informal caregiver" to an elderly person is someone who provides regular assistance to a dependent elderly person in a non-professional capacity.

"The following are considered as 'close' caregivers of an elderly person: a spouse, a partner with whom the person has entered into a civil union pact, a cohabitant, a relative or a friend, defined as family caregivers, or a person living with the person or having a close and stable relationship with the person, who provides regular and frequent non-professional assistance to accomplish all or part of the acts or activities of daily life."¹

Care within a couple may seem natural because it is rarely the result of a decision-making process between the two members of the couple but rather a gradual arrangement over time. In the case of married couples, the French Civil Code indicates, in [article 212](#), that married partners "owe each other mutual respect, fidelity, help, assistance". Moreover, while an elderly person with a loss of autonomy can use their Personal Autonomy Allowance² to pay for the help of a relative or friend, they cannot do so for the help provided by their partner. When people in a couple were interviewed before a possible loss of autonomy, half of them indicated that they would prefer their partner's help to professional help if they needed two hours of assistance per day (Mahieu, 2021).

Yet partners are the category of caregivers who report the most difficulties related to helping. Three-quarters of female caregiving partners and half of male caregiving partners report at least one negative health consequence of caregiving, compared with about one-third of other caregivers (Besnard et al., 2019).

Within couples in which one partner loses some autonomy, we are interested in the **differences between the help provided by women and that provided by men**. The definition of help within a couple depends on the pre-existing division of labor, before the loss of autonomy of one of the partners changes the situation. Understanding the role of gender in caregiving within a couple requires going into the details of the tasks performed. We demonstrate the effect of gender on the probability of providing help, **for different activities**. We also show how age differences between partners influence our results.

¹Article L113-1-3 of the Code de l'action sociale et des familles.

²The Allocation personnalisée d'autonomie (APA) is used to pay, in whole or in part, the expenses related to the loss of autonomy of elderly people, at home or in an institution.

How to assess help from others

Data

We use the CARE survey, presented in Box 1, which provides information on the assistance needs of people over 60, their marital status, and the help they receive. These data have the advantages of accurately describing the assistance provided and including information on the partner of the respondents (in particular, their gender and age), whether they are caregivers or not. The information on the level of autonomy concerns only one member of the couple: the one interviewed in the CARE survey. We can find information on the level of autonomy of the partner of the person interviewed in CARE only for certain partners who are present in the VQS survey (see Box 1).

Measuring the need for help

Loss of autonomy can be defined using two concepts: **functional limitations and restrictions of activity** (see Box 2). Functional limitations refer to the deterioration of body functions. Examples are difficulties in lifting an arm ("physical" functional limitation) or in concentrating ("cognitive" functional limitation). They are similar to a measure of health status. Activity restrictions measure the ability of the elderly to compensate for these functional limitations and to perform activities of daily life. A list of activities is usually proposed. For example, washing and cleaning are listed. The list of activities used to identify restrictions is similar to the one used to identify the assistance received.

To estimate a person's potential need for assistance in the analysis on page 5, we choose to use functional limitations. Activity restrictions could be influenced by what each person is used to doing or not doing in the household, and are therefore more likely to be endogenous. They are only used to select our sample of dependent individuals.

Measuring the assistance received

What does helping a dependent partner involve?

In the CARE survey, respondents are asked about their relatives who provide financial support, moral support, or help with daily life. We are interested in the latter type of assistance.

After identifying the restrictions that the respondents face regarding their daily activities, two questions allow us to identify their reliance on a caregiver from their family and friends:

- For which activities do you regularly receive

Box 1 : The CARE surveys

The Capacités, Aides et REssources des seniors (CARE) surveys, carried out by the Direction de la recherche, des études, de l'évaluation et des statistiques (DREES) with the support of the Caisse Nationale de Solidarité pour l'Autonomie (CNSA), aim to gain a better understanding of the living conditions of senior citizens, their relationships with their families and friends, their difficulties in carrying out certain activities of daily life, and the financial and social assistance they receive to overcome these difficulties.

The study has two parts: one focused on the institution; the other, CARE-M, on the home. We are interested in the home part, for which the question of the division of tasks within the couple makes sense. From May to October 2015, the CARE-M survey interviewed 15,000 people born before 02/05/1955 and living in ordinary accommodation in mainland France who had responded to the 2014 Vie Quotidienne et Santé (VQS) survey (one person per household). More than 10,000 people responded. Family and friends who provide assistance are also surveyed.

The CARE survey oversamples dependent people, so that specific analyses can be performed on this population. The sample weights, which we use in this study, make it possible to produce representative estimates of people aged over 60 living in mainland France in 2015.

Box 2 : Measuring loss of autonomy

Functional limitations There are three types of functional limitations:

- *Sensory limitations*: Having difficulty reading characters, seeing a face, hearing a person in a silent room, hearing what is said in a conversation with several people. If the person uses glasses, contact lenses or a hearing aid, we are interested in the person's abilities once they are fitted.
- *Physical limitations*: Having difficulty biting and chewing hard foods, walking 500 meters on level ground, walking up and down stairs, lifting an arm, using hands, kneeling, carrying a five-kilogram bag.
- *Cognitive limitations*: Having difficulty remembering the time of day, concentrating for 10 minutes, solving everyday problems, understanding and being understood, relating to others, putting oneself in danger, having memory lapses, being aggressive.

Activity restrictions Activity restrictions measure the level of autonomy by looking at the difficulties that people have in carrying out tasks of daily life. A distinction is made between Activities of Daily Life (ADL) (bathing, dressing or undressing, cutting food or serving drinks, eating and drinking, using the toilet, getting up or going to bed, sitting down or getting up from a chair) and Instrumental Activities of Daily Life (IADL) (performing household chores: shopping, preparing meals, cleaning, or administrative tasks, using the telephone, taking medication, using a means of transportation on one's own, moving between rooms on the same floor, getting out of one's home, taking public transportation, and finding one's way). The IADLs include tasks that some people do not perform, not necessarily because of a health problem, disability or age, but because someone else does them. The questionnaire specifies that it is only concerned with difficulties related to a health problem, disability or age.

help from one or more people around you (partner, family, friend...)? [List of declared activity restrictions]

- *For each activity restriction reported*: Among your family or friends, who helps you with [this activity]?

The CARE survey specifically identifies help from cohabiting caregivers with the following question:

Because of your health problems or age, does [caregiver's first name] do more than before or regularly help you with any of the following activities? [List unreported activity restrictions]

This wording distinguishes the usual division of labor

within the couple and takes into account cases where the partner was already performing the task in question ("does more than before").

Elderly couples

The elderly and the couple

Because women live longer on average than men and are also younger on average than their partners, elderly men are more often in couples than women of the same age. They are also less likely to be widowed. When they are dependent, they are therefore more likely to have a partner. They are also more likely to have a partner who needs

help.

"Elderly men are more likely to be in a couple than women of the same age."

Of the individuals over age 60 surveyed in the "household" component of the CARE survey, 64% are in a relationship. Barely half of the women (52%) have a partner, compared to 79% of the men. Of those who are dependent, 49% are in a couple. The difference between women and men in the probability of being in a couple is more pronounced among elderly dependents because many female dependents are widowed. Thus, female dependents are almost half as likely to be in a relationship as male dependents (38% versus 70%).

Loss of autonomy in the couple

Among people in couples, women and men are equally likely to have a dependent partner. The fact that men are generally older than their partners is offset by an earlier loss of autonomy, and over a longer period of time, among women.

"Among partners who are potential caregivers, there are as many men as women."

Selected sample

We include in our sample all people in cohabiting **heterosexual couples**,³ married or not, with a CARE respondent who has **at least mild difficulty in performing one of the basic or instrumental activities of daily life**. On average, they report difficulties with two instrumental activities of daily life, and 0.5 basic activities of daily life. Our sample consists of 2,872 potential caregiving partners. We exclude those in a couple with someone with no difficulties, who are not likely to provide care.

Care generally provided within the couple

On average, 37% of the women in our sample help their dependent partner, compared to 41% of the men.

Figure 1 shows the proportions of men and women who help their dependent partner with different tasks. At the

³Same-sex couples are not included because there are too few of them in our data.

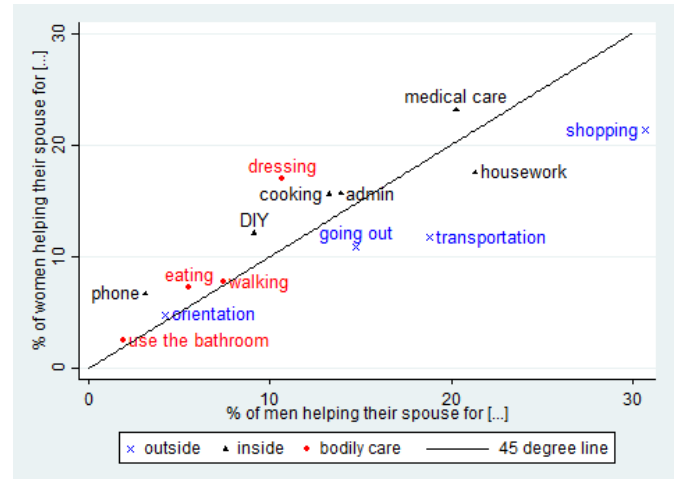


Figure 1: Care provided by women and men in couples

Sample: 2,872 people in couples with someone over 60 who has at least a mild difficulty with an activity of daily life.
 Definitions : Activities outside the home: Finding one's way around, getting out of the home, taking transportation, shopping. Activities in the home: Using the telephone, DIY, preparing meals, administrative tasks, helping with medical care, cleaning. Physical care: Helping to move around the home, dress and wash, go to the bathroom, eat or drink.
 Interpretation: 31% of men and 21% of women help their partner with shopping.
 Source: CARE-Ménages survey, DREES, 2015.

top right of this graph are the **tasks most commonly performed by spousal caregivers are shopping, cleaning, and helping with medical care** (making medical appointments and accompanying visits to the doctor, buying and helping with medications). Each of these three tasks is performed by more than 15% of partners of an elderly person with at least mild difficulty. These tasks are also identified as the most common by previous research (Soullier, 2012). Dependent older adults clearly identify when such tasks are performed by their partners due to their age or loss of independence, and do not consider their partners doing the shopping or cleaning to be part of the usual division of labor within the couple.

Some tasks are more rare. For example, less than 10% of partners help their partner with eating, moving around, orientation, going to the bathroom, or making phone calls.

Above the first bisector of this graph, we find help with activities that are mostly performed by women: This is the case for help with washing or dressing (17% of women and 11% of men), help with using the telephone (7% of women and 3% of men). The tasks for which help is mostly provided by men are located below the first bisector. These include help with cleaning (18% of women and 21% of men), getting out of the house (11% of women and 15% of men), taking transportation (12% of women and 19% of men) and especially shopping (21% of women and 31% of men). All these differences are statistically significant.

To move around the home, go to the bathroom, or find one's way, help is provided equally by men and women. The involvement of men helping their partners with tasks

outside the home (in blue in the graph) confirms the results of qualitative studies, which identify this phenomenon in couples with a traditional division of labor (Renaut et al., 2020).

Results

Given equal needs, what tasks are performed by female and male caregivers?

An analysis controlling for the age and functional limitations of the partner who is potentially being helped allows us to identify whether the differences presented in Figure 1 persist with equivalent needs.

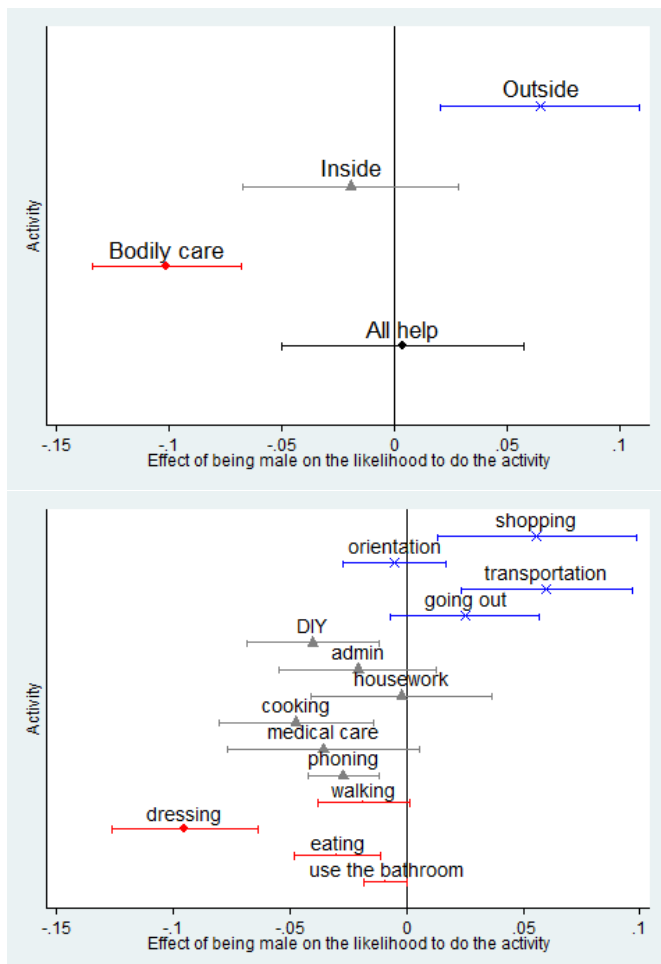


Figure 2: Effect of gender on the care provided to a dependent partner

Sample: 2,872 individuals in a couple with a person over age 60 who has at least a mild difficulty with a daily life activity.

Definitions: Activities outside the home: Finding one's way, leaving the home, taking transportation, shopping. Activities in the home: Using the telephone, DIY, preparing meals, administrative tasks, helping with medical care, cleaning. Bodily care: Helping with moving around the home, dressing and washing, going to the bathroom, eating or drinking.

Controls: Details of the age and functional limitations of the potential care recipient.

Interpretation: Being male increases the likelihood of assisting one's dependent partner with outdoor tasks by 6 percentage points, given the same age and needs. Source: CARE-Ménages survey, DREES, 2015.

Figure 2 presents the results grouped into three categories: tasks performed outside the home, housework performed in the home,⁴ and bodily care. Our measures identify whether the partner performs at least one task in each category, for example, at least one task outside the home. We also present the probability of providing at least one form of assistance, regardless of the activity.

Given the same needs and age, women and men in a couple with a person who has lost autonomy are equally likely to help, considering all tasks together. Men are more likely to help outside the home, the difference being between 2 and 11 percentage points (pp). This result is mostly due to shopping and helping with transportation. For some activities performed inside the home (DIY, meal preparation, using the telephone), women help their partners more than men, given equal needs. There is no difference related to the gender of the caregiver for administrative activities, cleaning, or medical care. Conversely, women are more likely to help their partner with bodily care (between +7 and +13 pp), especially dressing or washing and eating or drinking.

"Men help their partners more with tasks outside the home, and women help more with bodily care."

The choice of the measure of loss of autonomy does not impact our results. Indeed, the findings presented here do not change when we include the details of activity restrictions instead of functional limitations.

In perspective

While previous studies have highlighted the greater involvement of female partners (Bonnet et al., 2013), our results show a **more egalitarian evolution** within couples in the **probability of being a caregiver, all types of assistance combined**. However, if we look in detail at which activities are performed by partners, we identify **systematic differences by gender**. The effect of gender on the type of activity performed by partners is similar to that observed for children who are caregivers: Petite and Weber (2006) show that sons help more with activities performed outside and Dutheil (2001) shows that daughters help more with bodily care activities. Our study shows that in the case of partners, these differences are not related to differences in needs.

There is a clear social norm for considering that an independent person can perform certain activities, includ-

⁴Two tasks can be done indoors or outdoors: helping with treatment, and DIY/gardening. We include them in the most varied category, housework performed in the home.

ing bodily care, on their own. Conversely, some people may consider themselves independent even though they are unable to perform certain activities such as preparing a meal or doing DIY. These individuals will find it more difficult to identify their partner as a caregiver (Roy, 2019). One might have imagined that male caregivers would often report performing traditionally female tasks: if a woman loses her autonomy, her partner would report helping with meals, whereas if a man loses his autonomy, his partner who was already preparing meals would not report being a caregiver. However, our results do not attest to such a role reversal, as **male caregivers do not more often report traditionally female tasks** such as meals or cleaning. The only evidence of a reversal of the traditional division of labor is the higher proportion of women who report helping with DIY.

The role of the age of partners

Can our results be explained by the fact that women are often younger than their partners?

Younger or more independent partners might be more likely to help, which could explain why women, who are often younger, help their partners more with bodily care.

Given the same age difference between members of the couple, men help their partners more (between +0.2 and +12 pp). This effect is no longer significant if we also take into account the level of autonomy of the potential caregiver, because women who are younger than their partner are not necessarily in better health. The other results are almost identical. Regardless of whether the age or level of autonomy of the partner is taken into account, men help more outside the home, women help more with bodily care, and there are no systematic differences for housework performed within the home.

Results vary depending on whether the woman or man in the couple is older

Social norms related to gender may interact with age differences between partners. Does the help given to a partner depend on the age structure of the couple: traditional (older man) or otherwise?

In couples in which the man is at least three years older, the woman is more likely to provide care, across all types of help considered (Figure 3). This is in line with the results of Renaut et al., 2020, who identified a high level of involvement of partners in certain couples in which the man is the oldest. Conversely, if the partners are the same age or if the woman is the oldest, we find our previous results: Men perform more tasks outside the home and

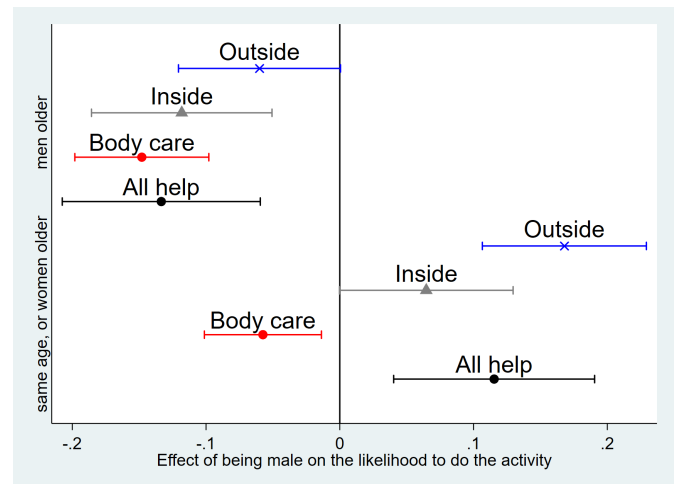


Figure 3: Effect of gender on helping a dependent partner, by relative age of partners

Sample: 1,441 couples in which the man is at least three years older and 1,431 couples in which the man is younger, or the same age (+/- 3 years), and in all of which a person over 60 has at least a mild difficulty in a daily life activity. Definitions: Activities outside the home: Finding one's way, getting out of the home, taking transportation, shopping. Activities in the home: Using the telephone, DIY, preparing meals, administrative tasks, helping with medication, cleaning. Bodily care: Helping with moving around the home, dressing and washing, going to the bathroom, eating or drinking. Controls: Details of the age and functional limitations of the potential care recipient. Interpretation: In couples in which the man is older, being a man decreases the likelihood that he will help his dependent partner with bodily care by 15 percentage points. Source: CARE-Ménages survey, DREES, 2015.

women help more with bodily care. In total, men are more likely to provide help than women when they are the same age or younger than their partner. **In all situations, women more often provide help with bodily care.**

"In couples in which the man is older, the woman is more likely to help her partner, given equal needs, regardless of the activity considered."

Conclusion and implications for public policy

Using detailed data on elderly couples, we examine the impact of gender on the probability of helping a dependent partner.

Women and men are equally likely to have a dependent partner, and **equally likely to provide at least some assistance** to their partner, considering all tasks together. Thus, while caregiver support policies are more relevant to women if we include all non-professional caregivers, this is not the case if we only consider partners.

Women and men who care for their partners **do not perform the same activities to help, even if their partners have the same needs. Men do more chores outside the home, and women help more with bodily care.** This gendered distribution is observed in couples of the same age and in those in which the woman is older. When the man is older, he is less involved than the woman in all activities.

A policy of assistance to caregivers must take into account the **role of gender in the type of support provided.** The problems of the isolation of caregivers seem to be of greater concern for women, who provide more help within the home, while the help provided by men brings them into greater contact with the outside world. Female caregivers are also more vulnerable because they perform more bodily care, which involves a significant physical and emotional investment.

Providing support to couples, and female caregivers in particular, by offering and encouraging them to accept professional help for the tasks they perform for their partner, sometimes to the detriment of their health, must be an objective of policies that seek to help the elderly and their caregivers.

Authors

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