SUMMARY

Children are an important source of care for older adults. Given the growing need for elder care, it is important that children join forces in providing parental care. In the present study, I examined the determinants and consequences of care provided by adult children to their parents, taking into account potential and existing caregiving networks consisting of a child’s siblings and other kin and non-kin. Much of the previous research has looked at the process of caregiving from the dyadic perspective, emphasizing the relationship between a parent and an individual child (Connidis, Rosenthal, & McMullin 1996; Dwyer & Coward 1992; Parrott & Bengtson, 1999; Stoller, Forster, & Duniho, 1992). In this dissertation, I emphasized that dyads are embedded in a broader familial and caregiving context, and individuals are not independent from one another. The study has contributed to understanding the complexity of the caregiving process. I acknowledged the existence and potential availability of ‘others’ in addition to an individual adult child in caregiving provision and demonstrated that ‘others’ should not be neglected when studying family caregiving. Special attention was given to families in which an individual child shared or might share care for older parents. This study incorporated various aspects of caregiving networks and specifically investigated the following:

- The influence of siblings on an individual child’s caregiving in multiple-child families;
- Sharing of care among siblings in multiple-child families;
- Gender differences in parental support in relation to gender role ideology in families with multiple cross-gender children, and cohort changes.

In addition, the consequences of sharing care with others were examined:

- The influence of sharing care within kin and non-kin caregiving networks on a child’s caregiving burden.

These four aspects of caregiving are considered in four research questions that are addressed in the previous four chapters. In this chapter, I provide a summary of these four studies and their major findings as well as the answers to the four research questions. Furthermore, I discuss theoretical and methodological implications and directions for future research as well as practical implications of this dissertation, and the overall conclusion.
Research question 1. *To what extent is the individual child’s caregiving affected by the caregiving of the child’s siblings, the gender composition of a sibling group and the siblings’ characteristics?*

This question was investigated in the second chapter of the dissertation. Caregiving by an individual child was examined in multiple-child families. I took into account that a child is a part of a large system of relations in which siblings are likely to affect the dyadic interaction between a child and a parent. It was elaborated on the predictors of filial caregiving related to parental needs and children’s individual characteristics by studying the impact of siblings and sibling characteristics on caregiving. Departing from the idea of sibling joint care responsibility for parents as the leading mechanism in the influence of siblings on a child’s caregiving behavior (Matthews, 2002), it was expected that, to the extent that siblings provided care with higher intensity, an individual child would provide care with higher intensity. However, joint responsibility could be shaped by different factors related to family size, sibling roles, and opportunities for care. It was hypothesized that the larger the number of siblings (particularly, the larger the number of sisters), the less intense each child’s caregiving was likely to be. Finally, it was expected that an individual child would provide less care if his or her siblings had characteristics that were more conducive to caregiving.

The data of 186 older parents who reported on the characteristics and caregiving of all their children (*N* = 703) were examined. The sample of selected parents consisted of 66 male and 120 female care recipients between the ages of 63 and 91 who lived independently and had at least two non-residential children. Each parent provided information on the frequency of care given by all children pertaining to ten caregiving activities (Knipscheer & Broese van Groenou, 2004). The caregiving intensity of each child was calculated as a total sum of the help provided for all the activities. Furthermore, parents provided information on the characteristics of all their children: gender, age, partner and employment statuses, age of the youngest grandchild, travelling time and the exchange of emotional support between each child and the parent. For each child of the family, the average caregiving intensity of all the siblings was calculated as well as the number of sisters and brothers, the proportion of siblings with partners, the proportion of employed siblings, the proportion of siblings with their own children younger than 16, the average travel time between the siblings and the parent, and
the average frequency of the siblings’ emotional support exchanges with the parent.

The relationship between a child’s individual caregiving intensity and the average caregiving intensity of all remaining siblings was examined. The study showed that siblings jointly provided care to their parent; a child’s caregiving was more intensive if caregiving by siblings was more intensive as well. The research pointed out the existence of sibling joint responsibility and supported the idea of sibling solidarity. Further, the association between a child’s individual caregiving and the number of sisters and brothers was investigated. As expected in the second hypothesis, sibling solidarity was shaped by family size. In particular, the study demonstrated that the number of sisters influences an individual child’s caregiving: the more sisters a child has, the less care a child provides. The number of brothers did not affect children’s caregiving. The gendered nature of caregiving seemed (although perhaps implicitly) to be one of the factors contributing to sibling decisions to care for a parent in need. Finally, sibling joint responsibility was expected to be shaped by siblings’ characteristics. The results demonstrated that a higher proportion of siblings with partners and a lower average frequency of emotional support exchanges between siblings and parents were associated with more care provided by an individual child.

The study elaborated upon the “classical” predictors of caregiving, particularly parental characteristics (such as parental needs for help) and children’s individual characteristics (such as opportunities and willingness to provide care). Although these predictors were significant determinants, the role of siblings was shown to be important. A child’s caregiving was not only influenced by dyadic parent-child characteristics but also by his or her siblings: their caregiving, availability and characteristics. Children jointly responded to each other’s parental caregiving, shared care, and substituted for and supported each other. The study acknowledged the importance of studying caregiving within a family context.

Research question 2. To what extent and how equally is the care shared in multiple child families, and to what extent do similarities among sibling characteristics influence the sharing of care among siblings?

The third chapter of this dissertation provided an answer to this question. Studying filial caregiving from a family perspective acknowledges that each child is
a potential candidate to provide informal care to the parent. The first part of this chapter demonstrated whether and to what degree the care was actually shared in multiple-child families by examining the proportion of children participating in caregiving. Furthermore, even if all children participated in caregiving, one of the children may have done the work more intensely (Dilworth-Anderson, Williams, & Cooper, 1999). Therefore, another element in the degree of sharing was examined in this chapter: how equally the caregiving intensity was distributed among children (caregiving equality). In the second part of the chapter, I investigated in which families sharing the care was most likely to occur. Following the literature on relativity of sibling characteristics (Matthews, 2002; Silverstein, Conroy, & Gans, 2008) and ideas of similarity (Homans, 1974; McPherson, Smith-Lovin, & Cook, 2001), it was expected that similarities across sibling characteristics would enhance sharing the care across siblings regarding both elements: caregiving participation and equality of caregiving intensity.

This study used the same sample of older parents as was used in the second chapter, although here the unit of analysis was the family (N = 186 families). Caregiving variables and children’s characteristics were aggregated from the child level to the family level. Sharing the care was indicated by the percentage of children participating in caregiving (at least sometimes, with at least one task) as well as by the equality in caregiving intensity among children (reversed score of the standard deviation of caregiving intensity across children within each family). It was found that in the majority of families where at least one child sometimes provided care, care was shared by at least two siblings (about 70%). In 38 families, all children participated in caregiving. In 40 families, caregiving was not shared but was provided by a sole caregiver. Despite the fact that the caregiving was shared in most families, it was not always shared equally. There were only ten families in which all children provided care with the same intensity.

Examination of the type of families in which care was shared among siblings demonstrated that similarities in partner status were associated with higher caregiving participation. This suggested that in families where siblings had similar time-consuming, competing responsibilities such as having a family, caregiving was shared by more siblings. The intensity of care was shared more equally among siblings when siblings’ partners or employment statuses and emotional support exchanges with a parent were similar. The results suggested that in families where children had a similar number of opportunities and a similar degree of bonding with the parent, small or large caregiving efforts were more
likely to be equally distributed. In such families, it was possible that siblings were less likely to experience stress related to non-equal distribution of care responsibilities (Ingersoll-Dayton, Neal, Ha, & Hammer, 2003). However, these results do not necessarily mean that homogeneous families were always beneficial to parents; increased parental needs might have remained unmet if all siblings were unable to provide care. The study demonstrated that in most families, children shared care for the older parent, reinforcing the belief that filial caregiving should be studied from a family perspective. The homogeneity in siblings’ characteristics is an important predictor of caregiving participation and equality of caregiving intensity.

Research question 3. To what extent does the degree of egalitarianism of gender role ideology explain gender differences in parental support, and does the explanatory model of support taking into account gender role ideology change between 1988 and 2000?

This research question was investigated in the fourth chapter of this dissertation. Imbalances in siblings’ contributions to parental support were often attributed to gender: daughters provide more support than sons (Silverstein, Parrot, & Bengtson, 1995). Previous research has discussed explanations of gender differences in parental support and suggested that dissimilar employment statuses of sons and daughters as well as different perceptions of filial obligations could root such gender inequalities (Finley, 1989; Moen, Robison, & Fields, 1994; Sarkisian & Gerstel, 2004; Stoller, 1983). In this study, I investigated children in multiple-child cross-generation families and suggested that gender role ideology might play an important role in understanding why daughters and sons differ in parental support, and that gender ideology is an important determinant of caregiving. In addition, given increasing employment rates by women (Brewster & Rindfuss, 2000) and changes in gender role ideology (Brewster & Padavic, 2000), I investigated whether gender differences decreased in a recent cohort compared to an older cohort. It was also examined whether the influence of gender role ideology on caregiving has changed.

The study used data from the US-based Longitudinal Study of Generations (LSOG), which at the baseline in 1971 consisted of 328 three-generation families. The study became longitudinal beginning in 1985, when the sample members were surveyed again at three-year intervals. Members of each generation reported
on their cross-generational and marital relationships, sociopolitical opinions, values, health, psychological well-being, and economic and occupational status (Parrott & Bengtson, 1999). I analyzed data of subsamples of two generations of adult children who had at least one surviving biological parent at the time of observation, the second generation (G2) participating in 1988 and the third generation (G3) participating in 2000, and included respondents who had at least one surviving cross-sex sibling (n (G2) = 120, n (G3) = 423). Support provision to the parent was measured as assistance pertaining to seven activities: household chores, transportation and shopping, information and advice, financial assistance, emotional support, discussing important life decisions, and helping in case of sickness. It was considered that children provided support if they helped with at least two tasks (0 ‘no support or supplying one task’ versus 1 ‘supporting with multiple tasks’). Gender role ideology was measured as a scale of six statements indicating how equal the roles between men and women were.

In 1988, gender differences in parental support were found. The results also demonstrated that gender role ideology was perceived by daughters as more egalitarian than by sons. Including gender role ideology in the explanatory caregiving model increased gender differences in support. When egalitarian gender role ideology was held constant at the mean level, 76% of the daughters and 22% of the sons provided support. The study demonstrated that gender role ideology was an important predictor of support provision, and the extent of gender differences was especially visible when I controlled for gender role ideology.

In 2000, the numbers of daughters and sons providing support did not differ. For both sons and daughters, gender role ideology was more egalitarian in 2000 compared to 1988; however, similar to 1988, daughters were still more egalitarian than sons. The results demonstrated a significant decrease between 1988 and 2000 in gender differences, suggesting that the gendered nature of parental support is disappearing in post-modern societies. In 2000 the effect of gender role ideology on gender differences in support became irrelevant. The probability that children supported their parents was higher when they had a more egalitarian gender role ideology, which was opposite to the results for 1988. The change of the effect suggested that the first “shock” of increasing egalitarian ideas about roles of men and women was over in 2000. In 2000, female employment became very common, most children had competing responsibilities, and all children had a greater chance to be involved with support. The egalitarian gender role ideology did not remove the gender differences; however, it was an important
predictor of parental support. The study suggested that as gender differences in mixed-gender families became smaller, sons, who in many cases were “caregiving potential” instead of caregivers in mixed-gender families, were later as likely to provide parental support as daughters. I also revealed that norms regarding gender roles should be considered one of the important predictors in the explanatory model of parental support in addition to norms of filial obligation, and showed that the explanatory model changed over time.

Research question 4. To what extent does sharing care with a larger caregiving network reduce an individual child’s caregiver burden?

The answer to this research question could be found in the fifth chapter. Previous research has demonstrated that adult children usually share care activities with others, including their spouse, siblings, other kin, friends or neighbors (Ingersoll-Dayton et al. 2003; Szinovacz and Davey 2008; Wolf, Freedman and Soldo 1997), suggesting that they are embedded in an informal caregiving network. Belonging to a caregiving network implies that a person has to interact regarding care provision and coordinate his or her own caregiving with the caregiving provided by others. It was expected that supportive caregiving networks would positively affect an individual and reduce a child’s caregiver burden because caring for a parent together and having positive interactions with other caregivers signifies support for a caregiver. Destructive caregiving networks (i.e., networks where conflicts occur) might increase caregiver burden. Depending upon how supportive the caregiving network is, adult children’s perceptions regarding the caregiving burden may vary. The availability of support and appreciation within the caregiving network, the size and composition of the network, and the degree and length of sharing the care within the network were considered positive characteristics, and were expected to decrease a child’s caregiver burden. The likelihood of disagreements within networks was expected to increase a child’s caregiver burden.

The data were collected in the study “Informal Care” by Statistics Netherlands and The Netherlands Institute for Social Research in 2007. Informal caregivers were identified and self-completed the information on their own characteristics and on the characteristics of their care recipients, including needs for help and various aspects of caregiving. Data on respondents who helped their older parents (including parents-in-law) and who were between 55 and 103 years
old were selected. Because the focus was on the informal care-giving network, the analyses relied on those cases in which the respondent identified other informal caregivers. The final sample comprised 602 caregiving adult children. Caregiver burden was measured using an extended version of the Self-Perceived Pressure from Informal Care Scale (Pot, Dyck, & Deeg, 1995; Timmermans et al., 2001). The average burden score was 4.3 on a scale ranging from 0 to 14. About 17% of the caregivers were not burdened at all, and about 8% were heavily burdened, meaning they scored at least 10 on the burden scale.

An adult child experienced lower caregiver burden when the informal caregiving network size was larger, when more types of tasks were shared across the network and when the adult child had no disagreements with the other members of the network. I also found an indirect negative effect between the period of sharing the care and caregiver burden, meaning that the longer a child shared care with others, the fewer hours of care a child had to provide and the lower the child’s caregiver burden was. The results suggested that an informal caregiving network decreased an adult child’s caregiver burden, either directly, or, in the case of extended durations of care, indirectly by eventually enabling the adult child to provide fewer hours of care. The findings supported the general notion of personal networks, implying that positive interactions make individuals feel better because they can count on others (Antonucci, 2001). On the other hand, the results demonstrated that perceiving appreciation and support from other caregivers did not influence caregiver burden, suggesting that the negative influence of disagreements in a caregiving network exceeds the positive influence of feeling supported and appreciated by others, as corroborated by previous research by Rook (2001). Network composition did not affect caregiver burden, suggesting that non-kin caregiving networks could be as important as kin caregiving networks. The results implied that along with the provision of care, it might be advantageous for adult child caregivers to spend time organizing an informal caregiving network, coordinating care activities, and coping with disagreements among the informal helpers.

Overall Conclusion

By putting intergenerational solidarity and stress process models into the context of broader family and caregiving networks and adding new predictors of caregiving, this study contributed to the existing knowledge on family caregiving in
terms of both care determinants and care outcomes. The influence of “others” on a child’s caregiving could be further investigated using a theoretical approach that is more detailed and more focused on the network perspective. This dissertation acknowledged the multifaceted reality of caregiving and showed that individual parent-child dyads must be embedded into broader contexts to better understand the complexity of children’s caregiving processes.