# The Gender Gap in Caregiving to Adults

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## Introduction

Is caregiving for adults "women's work?" Certainly, caregiving has been associated with women, at least since it was incorporated into the emerging feminine sphere of domesticity in nineteenth-century notions of gendered "separate spheres." Ideas about female nature, sensibility, and identity that evolved at the same time also centered on caring. Yet, recent scholarly research and contemporary mass media accounts claim that while women may have once been the primary caregivers for elders and adults, men are becoming more involved in this kind of care. They argue both that men are more involved in care than they once were and that they are more involved than we realize (Kramer 2004).

The first claim, that men provide adult care more than in the past, links twentieth-century demographic and ideological changes affecting men and women to increases in men's involvement. Decreases in mortality, increases in women's employment, and smaller families all increase the need for and pressures on men to care. Egalitarian ideas have changed masculine roles and impelled women to secure men's help with care. The second claim, that researchers and the public have failed to notice the extent to which men are caregivers, holds that gender stereotypes have distorted our knowledge of men's adult care: we have studied women's care work because it fits our beliefs that women are more caring in disposition than men are. We have simply failed to study men's care work.

Just how much gender difference is there in caregiving to parents, spouses, adult children and other adults in need of direct caregiving? Are women still more likely to provide such care? And among women and men who do care work, do women do more of it? If there are gender differences, how much are gender differences in care work associated with gender differences in paid work and other resources and activities that constrain time for care, discourage investment

of time in caregiving, or enable the delegation of care to others? In other words, how much are identifiable gender differences in care associated with gender cultures, roles or dispositions and how much are they attributable to differential positions men and women occupy in social structures—structural influences that affect men and women similarly when they occupy similar social locations? Evidence of structural influences on the gender gap in care would portend further narrowing of the gap if women's work histories continue to become more similar to men's. Evidence of a continuing gender gap, once structural differences are controlled would suggest that caregiving may constrain women's social participation and gender equality.

We study caregiving to adults here because so few studies do. Most studies of caregiving focus on child care or care or help for elders or adult kin. But research suggest that the numbers of adults caring for adult children or friends and neighbors are worth considering if we want to understand the extent or constraints of caregiving (Michelson and Tepperman 2003). Moreover, our chosen database, the Bureau of Labor Statistics American Time Use Study (ATUS) unfortunately lacks data identifying the adult object of care, so we cannot learn the kinds of people men and women care for, using this data set. This prohibits our interpretation of peoples' motives to give care, but by defining caregiving precisely, as we do below, we can learn about how much care is given on any particular day, and compare men's and women's involvement in care work.

Research on gender and adult care yields conflicting and inconsistent findings on these issues. Studies of the division of labor by gender—whether in housework, child care, elder or adult care—tend to rely on respondents' retrospective accounts of their contributions or their estimates of time investments. And studies that directly ask questions concerning housework or child care are subject to social desirability bias. Research on the accuracy of such accounts

pronounces estimates based on recall and responses to direct questions less accurate than data based on time diary methods (Robinson and Godbey 1995; Bianchi et al. 2000; Presser and Stinson1998). Time diaries require respondents to account for their activities during every minute of the day in sequence, without questions that might elicit the social desirability bias. The benefit of time diary data collection methods are twofold: (1) the recall of activities occurring the day prior to the interview, as compared over the past year, are subject to lower levels of recall bias and (2) for behaviors subject to social desirability bias, the lack of direct questions reduces the potential for overreporting socially desirable behavior.

The ATUS collected information on time use for a range of activities, including caregiving, for the first time in 2003. Though this time data does not allow us to study the experience of caregiving, and though it limits our ability to establish directionality in associations among activities, it does allow us to make gender comparisons of time use, employing a range of controls. Before introducing the ATUS in greater detail and analyzing it, we review relevant research on gender and adult care.

## Literature on the Influences on Domestic and Care Work

Three literatures bear on our questions about gender and caregiving for adults. The first literature, on demographic change, identifies the population changes that supply pushes and pulls on gender patterns in family and caregiving relationships. The second, on gender and care work, features the main substantive scholarship in this area. And the third, on the gendered division of domestic tasks, tests explanations in ways that could be fruitfully adapted to gender and caregiving.

### *Demographic Change and the Division of Care Work*

Demographic changes over a century and a half, and since the middle of the twentieth century have increased structural and ideological pressures on men and women to share elder care. Elders live longer, thus, elders are more likely to have spouses or siblings still living than in past times (Uhlenberg 1998). At the same time, rising divorce rates and independent living push up the numbers of elders who are living alone without spouses to care for them (Coward, et al.. 1992). Both changes result in more adults with living elderly spouses, parents, and kin, and also elderly friends and neighbors, who may need care.

Along with mortality changes, families have become smaller. Smaller families leave smaller pools of daughters available for family care. Moreover, since the mid-twentieth century, massive numbers of adult daughters have become employed wives and mothers. At least among the middle classes, greater geographic mobility places more adults at a distance from their relatives, putting greater pressures on the adults who live near to adults in need of care. All of these changes create scarcity pressures for men to participate in adult care, along with housework and child care. And fast-spreading gender egalitarianism, which has affected men as well as women, adds ideological pressure to the demographic squeeze. Whatever the gender balance in adult caregiving at present, any signs of gender convergence linked to long-term demographic change are likely to portend future change.

### *Studies of Gender and Care Work*

Nineteenth-century gender ideals of caregiver wives and provider husbands became a durable ideology that lasted longer than female domestic segregation because of the ways these ideas were institutionalized in work, law, and polity, as modern institutions developed. Beliefs in women's caring nature were built into female-typed professions, like nursing and social work).

Workplaces that financially rewarded and promoted those who were care-free persistently channeled women's primary commitments to family and men's to work, even as changing laws made workplace processes formally gender neutral (Acker1990; Cancian and Oliker 2000). The superior resources that men thus gain at work enable them to delegate unpaid care and domestic responsibilities that might interfere with work and liberty. Caring continues to be regarded as a natural attribute of women, but not men; it is central to cultural ideals of femininity, but not masculinity. These dynamics provide the logic of arguments that tie gender to care by both gendered dispositions and gendered social structures. Studies of gender and caregiving tend to emphasize the causal role of either dispositions (created by socialization, social roles, or interactions) or structures (the rules and resources associated with positions in recurring systems).

The literature on care to adults, often focusing on the extensiveness of caregiving or its burdens, frequently ignores gender (Coward et al. 1992). When it takes gender into account, it often focuses on either female or male caregivers without comparison (Bookwala et al 2003). In the past two decades, however, gender comparisons have become more numerous (Kramer2003). Still, among studies that compare men and women, the definitions of care vary widely, from helping, in general self-interpreted terms, to specific activities of assistance in daily life. Gender is often treated as a cultural category (constituted by socialization, roles, or dispositions) in studies that do not control for the differential structural positions of women and men, in the workforce, for example. Relatively few studies use population samples, controls on other influences, and precise measures of time investment. None study gender differences in direct caregiving to adults in need, using these four elements together: population samples, multivariate analyses that include structural variables, and time diary methods.

Despite its limitations, the literature on gender and care yields suggestive findings that are worthy of pursuit. National studies in the eighties suggested that though women predominate, somewhere between 1 in 5 and 1 in 3 caregivers are men (Chang, et al.1991; Stone et al, 1987). Marks' (1996) study suggested even greater gender parity among midlife caregivers with men constituting 3 out of 7. Other national studies in the nineties also estimate men constitute nearly half of in-home primary caregivers and of caregivers to the elderly, chronically ill, and disabled (Thompson 2003, ). Stobert and Cranswick's (2004) Canadian study finds that men are just as likely as women to be involved in caring for and helping seniors, though women spend more time.

Sarkisian and Gerstel's (2004) article on help to parents, a model study of employment effects on helping parents, finds that much of the relation between gender and helping is explained by gender differences in employment patterns. This suggests gender differences in adult care may be fading as women and men's work lives become more similar. Investigating the structure of households as another kind of structure, Gerstel and Gallagher (2001) suggest we look at men's ties to women (spouses, daughters, and siblings) for sources of recruitment to care work.

It will be impossible to compare our contemporary data with earlier studies, because definitions of care and methods of measurement are so diverse. Nonetheless, there is a robust scholarly conversation about gender difference in care work, which we can enter. The dialogue about explanations of gender and domesticity has been more provocative, however, in the study of housework than in the study of adult caregiving.

### *Studies of the Domestic Division of Labor*

It is in studies of the gender division of domestic labor that scholars have most intricately tested theories of gender in relation to unpaid domestic work. Though these studies focus primarily on household tasks, they offer useful approaches to studying the division of care for adults who need it. First, in this scholarship, time-use methods have supplemented and been compared to retrospective reports obtained from specific activity-based questions (Bianchi et al. 2000) A second contribution is the explicit testing of alternate gender explanations (Brines1994, Bianchi et al. 2000, Bittman et al. 2000; Greenstein 2000, Kroska 2004 ). Comparing structural and various dispositional or cultural explanations, most studies suggest that structural factors associated with employment, power resources, and "relative availability" contribute more to gendered housework divisions than do gender ideas and dispositions. We will apply this approach in a limited way to adult caregiving by treating gender dispositional causes as a residual category after controlling for the effects of structural variables like education, work status, and work hours .

## Concepts and Hypotheses

Some studies of caregiving define the activity more generally, some more narrowly. Most of them include activities of "helping" along with caregiving (Marks 1996; Stobard and Cranswick 2004). To get at caregiving, studies often ask about help or care for a frail or sick person, usually an elder or parent. Questions about help or care less often specify kinds of activities, leaving respondents to decide. Though ATUS categories allowed us a variety of definitions, we elected to define caregiving like the ATUS lexicon does, as physical care, obtaining medical and care services, waiting associated with caring, looking after an adult (as a primary activity), and other caring activities, as determined by coders.

As we define caregiving, the activity implies no expectation of reciprocation by the care receiver. Our concept of caregiving does not include activities coded as "helping," which include services that would be considered caregiving if they were performed for a care-needy adult, for example running errands for someone. Though many activities listed under "helping" may involve an asymmetry of need caused by frailty, illness, or disability, all activities coded as helping could have been reciprocated or exchanged with an independent adult, and without data on the object of care or help, we cannot know who received the help. In the context of the ATUS, we felt that narrowing the definition of caregiving promised the most precision in identifying need-based services to adults who depended on a caregiver because of frailty, illness, or disability. Later analyses will explore the "helping" categories, but ambiguities in the classification system lead us to use a conservative approach in our initial analyses. These ambiguities could have been avoided if the ATUS included questions concerning the recipient of services—asking "who for," along with "who with."

The following hypotheses reflect our sense, derived from the literature discussed above, that we should take account of structural variables in order to examine gender patterns of caregiving. Though we take account of a limited set of educational and employment variables here, in the future, we will expand our employment-related variables, particularly those we can construct to measure proportional contribution in couples (for example, proportional contribution to household income or proportion of household hours worked).

**Hypothesis 1: Involvement in Care Work**

*Though structural factors associated with gender will explain much of the gender gap in involvement in caregiving, gender will remain influential in predicting involvement in caregiving, after structural influences are controlled.*

Factors identified in the research on housework described above include work status and work hours, which affect time availability for care, and which, in couples, translate into spousal inequalities in power resources that shape the outcomes of bargaining over the allocation of care work. Education is linked to occupational characteristics that create incentives to invest in work rather than care; it serves as a power resource in couple bargaining over allocation.

We have a few reasons for predicting a greater influence of gender than we have seen in studies of helping or housework that control for structural variables. First, our narrow definition of caregiving focuses on stereotypically feminine forms of care and eliminates the kinds of helping, like yard work, that are less stereotypically feminine. Second, we believe that caring is more central to hegemonic feminine identities than is housework (or homemaking), and so ideology, identitities, and roles, are likely to play a larger role in this arena. Third, since one enters a care relationship through interactions with care receivers, we believe that care-needy adults in relationships with women have more gender-normative resources for securing care than they do with men. All three factors place more weight on gender culture, identity, and roles than we would expect to see in spousal bargaining over housework. Despite our predictions that structural opportunities and constraints shape care involvement in and time spent in caregiving, we also predict a role for gender roles and dispositions.

Widespread gender egalitarian ideology could decrease the association between gender and caregiving, but in studies of housework, structural factors have been much more influential at the level of the individual and couple. At the societal level, though, we might see cohort differences in the gender gap, associated with periods of egalitarian change. In order to identify groups of potential caregivers who might be expected to have more gender egalitarian ideas than others, we chose the respondents under sixty-five years old as the cohorts most affected by the

rise of feminism, women's employment, and egalitarian marital ideals. The oldest men and women in this under-65 group would have been in their twenties in the early 1960s. If gender egalitarian ideas are influential on caregiving, we would expect to see a smaller gender gap in these age ranges than among older men and women. We decline, however, to hypothesize a smaller gender gap among younger caregivers because the literature on housework suggests that the gender gap in housework has declined in this arena primarily because women now do less of it, not because men do more (Robinson and Godbey 1995;Bianchi et al. 2000). Since it is much easier to tolerate a less orderly home than to tolerate an elder's unmet need for care, we would not expect widespread egalitarian ideas to be as influential a force in caregiving as it is in housework.

**Hypothesis 1a..** ***Gender will be a stronger predictor of involvement in care for adults inside the home than outside***.

This prediction stems from research showing that parents who live with adult children are more likely to be the wife's, and that, because of the spousal age gradient, wives are more likely to be living with frail husbands than the reverse (Montgomery 1992).

**Hypothesis 2: Care Time among Caregivers**

*Among those who participate in care work, gender will be less influential of time investment and structural variables will be more influential.*

In comparison with housework, the timetables of care are less likely to be set by the unpaid care worker. Once entering the caregiver relationship with a care-needy adult, the other's needs are likely to govern the time investment, at least, to an extent. Contacting a doctor about a medication reaction or calming the agitation of someone with dementia takes as long as it takes, regardless of one's plans or one's identity as a caregiver. On the other hand, work schedules

bend very little to the needs of others, so caregivers in full-time work may be less responsive than those who are not employed or work part time.

**Hypothesis 3: Care Time and Employment, Social Participation, and Sleep**

*Time spent in care will constrain time spent in other life activities, regardless of gender.*

There are only so many minutes of a day, so time spent in care entails a temporal cost that must be allocated. On the other hand, men and women may organize their commitments differently, and pay the cost of time spent in care with different allocations of of minutes.

## METHODS

The American Time Use Survey allows us to examine some gender differences in caregiving with exceptional precision. The large, nationally representative sample of people in the U.S., includes both demographic and employment information on respondents and spouses, and time-diary data on a wide range of activities during a standardized 24-hour period on the previous day. It is based on interviews that elicit time use information on every minute of the day. We can learn how many men and women are involved in care activities on any given day of the week, what kinds care work they do, how many minutes of care they do, and how their care efforts are spaced throughout the day. It is possible that the omnibus content of the ATUS is more likely to encourage the participation of male respondents than surveys that identify the stereotypically female-typed theme of care. The daily account allows us to determine more accurately than studies that ask for respondent retrospective estimates in response to direct questions, how time use for care is associated with time use for other activities. The minute-level reporting limits respondent exaggeration in reporting socially desirable care involvement. Still, the portrayal of caregiving time that the survey yields is limited. We remain uncertain about how care in a day links with long-term commitments to care. The survey cannot capture

the extent of occasional caregiving, since respondents who care occasionally, but who did no care work the previous day, will not be counted as caregivers. Nonetheless, this method is likely to have reasonably captured the most chronic caregiving, and gender differences in chronic care work are most likely to shape gender differences in life choices and chances.

Because the ATUS samples only one individual per family, we cannot compare allocations of care within couples. Thus we must use the time reports of individual husbands and wives in various types of couples, for example, those in two-full-time worker couples, to suggest couples' time allocations. Though the survey asks who else is "present" during activities, it does not ask who receives services provided by the activities, so we cannot determine who care receivers are in relation to caregivers. And unlike Canadian government-sponsored time use surveys, the ATUS asks respondents no questions about their subjective experience, so we cannot link care time to experiences like burden. Finally, with cross-sectional data we cannot, for the most part, determine the direction of influence among time investments—for example, whether long work hours constrain care time or the reverse. Nonetheless, we can report with confidence on patterns that are descriptively interesting, use controls on confounding influences, and suggest questions worthy of continued study.

As noted earlier, the analysis is limited to the examination of two sets of activities: those related to the caring for household adults and those related to the caring for nonhousehold adults.[1] Although detailed employment information for the respondent and his or her spouse are available from the CPS interview, we limit our analyses to those employment variables from the

[1]Specifically, care for household adults is defined as all activities coded 0304xx and care for nonhousehold adults includes all activities within the 0404xx classification.

ATUS.[2] All analyses utilize weights that account for differential probabilities of selection and poststratification. The analyses are limited to those individuals ages 18 and older.

## Results

*Who Provides Care?*

We begin by examining the demographic characteristics of those who provide care either to a household or to a nonhousehold adult. For ideas about caregiving in couples, in addition to examining these characteristics among the entire sample, we also examined the demographic characteristics of caregivers among different groups of individuals who are married and living with a spouse. As discussed above, this may allow cohort effects of liberalizing gender ideology to manifest.

Table 1 provides estimates of the percentage of persons engaged in caregiving, for a household adult, by demographic characteristics of the respondent. Four sets of estimates are provided; the percentage engaged in caregiving, among all adults ages 18 and over and, among married couples living together, three subpopulations-all couples under the age of 65, all couples under the age of 65 where each spouse works full time, and all couples ages 65 and older.

**[Table 1 Here]**

[2] For approximately 18 percent of the respondents, the labor force status differed between the CPS and ATUS interviews. In addition, for approximately 40 percent of the cases, the ATUS respondent is not the CPS respondent. Since the ATUS interview may have occurred up to eight months following the date of the CPS interview the ATUS represents the employment status of the respondent and his or her spouse most relevant to the activities of the focal day. This may be particularly true for those individuals for whom caregiving has lead to a change in employment status or usual hours worked. In addition, using the ATUS employment data for the ATUS respondent eliminates the potential confounding of self-proxy reporting differences and employment status.

With respect to gender, we see that regardless of the population or subpopulation we define, women are significantly more likely to engage in caring for a household adult than men. As we would expect when examining reports for a 24 hour period, the rate of engaging in caregiving is relatively low, with less than 10 percent of the population indicating any caregiving activities. Nevertheless, looking at the total population, approximately twice as many women as men indicate any caregiving activities for another individual in the household, 3.1 percent as compared to 1.6 percent ($\chi^2$=48.8, p< .01). This pattern is robust across all three subsets of married couples we examined (p< .01 for all comparisons): those under age 65 (3.9 percent vs. 1.7 percent), those under the age of 65 where both spouses work full time (3.3 percent vs. 1.5 percent) and among those ages 65 and older (7.8 percent vs. 4.4 percent).

The preceding discussion understates the disparity by gender in the rates of engaging in caregiving, in part, due to the low rate of any caregiving to adults during a 24 hour period. However, if we examine the demographic composition of those who provide care, the disparity is striking. Looking at the total population, among those providing care to a household adult, 67.4 percent are women. Among married respondents under the age of 65, over 70 percent of the caregivers are women, whereas among married respondents under 65, in couples where both spouses work full time, 66 percent of the caregivers are women. It is among those ages 65 and older that we see the smallest disparity in the composition of caregiving to a household member: 58 percent are women, 42 percent are men. Gender differences in caregiving among the most apparently egalitarian couples compare with those of other subgroups. The most egalitarian division of care is among the age cohort that might be considered most gender traditional.

Table 1 also reports the likelihood of caregiving for a household adult in relation to other demographic and structural variables of age, education, and employment status. The relationship

between these variables and the provision of care to a household adult varies, depending upon the population one examines. The estimates provide indication that structural factors such as education and employment status are associated with rates of providing care to an adult in the household, with lower rates of caregiving among those with higher levels of education and employed full time. However, we note that the findings are not consistent across all population subgroups.

Table 2 is similar to Table 1, but it focuses on the provision of care to non-household adults. With respect to the relationship between gender and caregiving for individuals outside the household, we find a gender difference similar to that for caring for someone in the household: women tend to be more likely to provide care than men. The exception is among women working full time and living with full-time employed spouses. Among this subpopulation we find no significant difference by gender. The structural influence of proportional work hours appears to eclipse gender influences only in care for adults who live outside the home.

**[Table 2 Here]**

As was evident in examining demographic differences in the provision of care to a household adult, once again, we find some evidence of the association between demographic and structural factors and the provision of care. However, these findings are not consistent across all population groups nor are the findings easily summarized with respect patterns of caregiving associated with education or employment status.

Examining Tables 1 and 2 provides a good descriptive basis for beginning our analyses, but the confounding of gender, education, and employment status suggests the need for multivariate models. To control for these potentially confounding factors, we examined several logistic regression models, predicting whether or not an individual performed care work. As

with Tables 1 and 2, we again examine care for household members separately from care for non-household members, as well as across the various population groups defined in Tables 1 and 2. The findings are presented in Tables3 and 4[3].

**[Tables 3 and 4 Here]**

Examining the effects of gender on caregiving, the models in Tables 3 and 4 control for a number of demographic and structural characteristics: age, education, employment status, marital status, as well as whether or not the household included any children under the age of 18. In addition, we included a dummy variable indicating whether the focal day was a weekday or a weekend and, for models involving married couples, the employment status of the spouse.

The logistic regression models in Table 3 show that the effects of gender on the probability of caring for a household adult persist, regardless of the population we examine, controlling for all other factors in the model. Women are twice as likely as men to be providing care to a household member (odds=1.9 among the total population and 2.11 among couples who are married, less than 65 years of age). Even among those couples in which we would expect the most egalitarian relationships, that is, in couples under the age of 65 where both spouses are employed full time, we find that the odds of a women providing care are 2.4 as compared to men. Among individuals ages 65 and older, living with his or her spouse, the odds are lower (1.5), but gender remains significant. The models clearly indicate that even with age and structural factors controlled, gender influences on the likelihood of caring for a household adult are significant.

In contrast to the findings on the probability of providing care to a household adult, Table

[3]We limit the presentation in Tables 3 and 4 to the total population and among those who are married, less than age 65. However, models were run on all four population groups and the findings for all four will be discussed.

4 shows that the effect of gender on the probability of providing care to a non-household member is only significant among the total population. Here we see that women, once again, are twice as likely as men to provide care (odds=2.1, $p < .01$). However, there are no significant gender differences in the likelihood of caring for someone outside the household in any of the subpopulations we identified above—among respondents in couples who are married and living together, those in two-full-time worker married couples, or those in couples over 65. The absence of gender influence among the married subgroup is consistent with Gerstel and Gallagher's (2001) argument that domestic ties to pull husbands into caregiving. Within the household, the predominance of wives' parents and husbands in need of care may preserve gender inequality in care, but outside the household, where the object of care may as well be related to the husband, wives influence on husbands may close the gender gap. If this is true, we would be seeing the effect of household structure on male caregiving.

Apart from gender, there are no consistent effects of demographic or structural characteristics on the probability of caregiving for either a household or nonhousehold member. The provision of care to a either a household member or someone outside the home, is for the most part, not related to employment status and education

In addition to the models presented in Tables 3 and 4, we also examined a set of models that included two-way interaction terms between gender and education and gender and employment status. None of the models significantly improved the fit of the model over those without the interaction terms.

We note that less than 7% of the variance in the probability of caregiving (using Hosmer and Lemreshow's pseudo-$R^2$) is explained by the independent variables for any of the models. Hence, neither gender nor structural factors account for much of the variability in providing care

on a given day.

In sum, with regard to care for household adults, our findings indicate that women are significantly more likely to provide care and the findings persist, even when controlling for demographic and structural factors such as age, education, employment status, and work hours . Even among those individuals among whom we expect the most egalitarian divisions of labor, that is, those under the ages of 65, where both husband and wife are employed full time, the effects of gender are significant; women are twice as likely to be providing care than men. We find little evidence for differences in the probability of providing care as a function of the structural factors we have measured, such as education or employment status. In addition, the effects of education and employment status do not vary as a function of gender.

With respect to providing care to persons living outside the household, there is also evidence, among the total population, that women are more likely to provide such care than men. However, among married couples, living together, we find no effects of gender on caregiving for those outside the household. Similar to the findings concerning caring for someone in the household, we find little evidence of significant effects of structural factors with respect to the probability of providing care to someone outside the household.

*Time Engaged in Caregiving*

Beyond examining whether or not an individual engaged in caregiving, we were also interested in the extent to which gender is related to the amount of time spent in caregiving. Among those who provide care, there is considerable range in the total time spent in the activities. Time spent providing care to a household member ranges from 1 minute to 729 minutes, with a mean of 68 minutes (s.e. of 104 minutes). For a non-household member, we find the range to be 1 to 1,015 minutes, with a mean of 101.8 minutes (s.e. of 119 minutes).

We estimated linear regression models predicting the total number of minutes engaged in the care of household members (Table 5).[4] We see that among all individuals providing care, there is no effect of gender; that is, on average, men and women who are caregivers spend similar amounts of time engaged in caring for household adults. The exception is married persons under the age of 65. Among those who are married and under age 65, we find that women, on average, spend 43 more minutes engaged in care than men who provide caregiving to a household member. However, among those who are under 65 where both spouses work full time, and among couples of retirement age, there are no significant gender effects.

**[Table 5 Here]**

Although, employment status of the caregiver has no effect on the amount of time spent engaged in caregiving, either among all caregivers or those caregivers who are married and less than 65 years of age, we see that the employment status of the spouse has a significant effect on time spent caregiving. Those whose spouses are employed full time or part time spend, on average, almost an hour less time engaged in caregiving then those whose spouses are unemployed or not in the labor force (-53.3 and -68.3, respectively; $p < .01$). We suspect that this is simply an artifact, indicative of the absence of spouses in need of care If a respondent who is caring for a household adult has a spouse who is employed full or part time, most likely that respondent is providing care to some other adult in the household, not his or her spouse. If our speculation is correct, other research suggests that one reason this may predict less care is because care may be shared, albeit unevenly by gender, with a spouse. Studies also suggest that caregivers of spouses spend more care time than caregivers of parents ( Stoller 1992.). Because

[4] We also ran the models presented in Table 5 for the two additional population subgroups of interest, those under age 65, living with a spouse in which both individuals are working full time and among those over age 65 living with a spouse.

the ATUS data do not permit us to definitively identify the recipient of the care, we can only speculate as to the meaning of these results.

Considering care to nonhousehold adults, we ran models like those in Table 5 to predict number of minutes of providing care to nonhousehold adults (not shown). In none of those models was gender or other demographic or structural variables significant. These findings are partially in line with our prediction that gender would be less influential than structural factors in predicting time spent in care, among caregivers. Our findings, however, are more extreme than our predictions: we find gender is *not* influential—not just less so--and, structural factors are not influential either.

*Time-intensive Adult Care*

Finally, we examine those caregivers who provide one hour or more of care on the focal day. As we did when examining the effect of gender on the likelihood of caregiving, we examine the characteristics of those who provide extensive care. Table 6 examines the characteristics of those who provide one or more hours of care to either a household adult or to an adult outside the householde, among all persons providing care. About 30 percent of those who provide care to someone in their household and about 60 percent of those who provide care to those outside the household report one or more hours engaged in caregiving Among caregivers the rates of engaging in time-intensive care do not vary between men and women. Time-intensive caring for either a household adult or an adult outside the household varies as a function of age, but the relationship (in either case) is not linear. Although education has no effect on whether or not a caregiver engages in time-intensive caregiving, we find a significant effect related to employment status. For care to household adults as well as care to non-household adults, those who are not in the labor force are significantly more likely to engage in

time-intensive care than those employed full time or part time.[5]

**[Table 6 Here]**

*Caregiving in Relation to Other Activities*

The ATUS data allows us to look at the association between time spent in care for adults and time spent on other activities, at least for a single day. Indeed, the single-day focus makes a generalization from association to impact more persuasive than it is in other cross-sectional studies that correlate care in the past year with other activities and mental states. We could probably safely assert that the relation between caregiving and sleep is an impact, given that sleep is a relatively flexible time investment (though one could argue that those who need less sleep might be more likely to care).

Our analysis focuses on two sets of estimates. First, we examine the bivariate relationships between providing care for a household or non-household adult and various other activities. Of particular interest is whether the relationships are consistent across men and women. We also examine the mean number of minutes spent in activities, comparing all caregivers and noncaregivers, and within each group, by gender.

Table 7 provides the bivariate correlation coefficients, examining minutes caring for household or non-household adults and other activities, separately for men and women. Only significant correlations are included in the table. The most striking contrast in this the table is the disparity between men and women in the *number* of activities for which there is a significant relationship between time spent caregiving and time spent in the activity.

**[Table 7 Here]**

Among women, time spent providing care to an adult in the household or outside the

[5] Small sample sizes limit our ability to examine time-intensive caregivers in a multivariate model.

household is negatively related to time spent in several activities, including working, childcare, sleeping, and a category that includes recreation, socializing, and leisure. Minutes spent in housework are positively related to time spent providing care to someone in the household but negatively related to time spent providing care to someone outside the household. In addition, time spent caring for someone in the household is positively related to time spent helping a household adult and negatively related to time spent helping non-household adults. Finally, we see that among women, there is a positive relationship between time spent providing care to a non-household adult and both time helping non-household adults and travel time related to providing care or help.

For men, time spent caring for a household member is exclusively related to reductions in time spent working, with no relation to other activities. For men who provide care to adults outside the home, we see a negative association between minutes spent caring and minutes of housework and working and a positive association with minutes of travel related to caring or helping. We note also that for men, there is a negative relationship between minutes of caring for a household adult and caring for a nonhousehold adult .

Table 8 presents the average minutes engaged in various activities, for those who do and do not provide care (to either a household or non-household adult). The estimates are provided for all caregivers and all persons who do not provide care, separately by gender. The table allows us to compare caregivers to non-caregivers (total columns) and within classes of caregving, between men and women.

**[Table 8 Here]**

Comparing all caregivers to those who do not provide care, we find that caregivers spend significantly more time engaged in housework and significantly less time engaged in working,

sleeping, and the activities recreation, socializing, and leisure. Among caregivers, both men and women work about 35 percent less than noncaregivers. Not surprisingly, differences between men and women among non-caregivers persist, for the most part, among those who do provide care. Women spend significantly more time engaged in housework and childcare, but significantly less time working or in recreation/socializing/leisure than their male counterparts, whetherwe examine those who provide care or those who do not provide care. Only with respect to sleep do we see differences across the two populations; among non-caregivers, women sleep significantly more minutes than men, but among caregivers, there are no differences in minutes of sleep between women and men.

Although the differences may appear small, we must remind ourselves that we are looking at the activities of a single day. For example, caregivers spend approximately 30 minutes less per day engaged in recreation, socializing, and leisure than those who do not provide care. Over the course of a year, assuming a consistent pattern of caregiving, this translates to over 180 fewer hours or leisure time as compared to those who do not provide care. If we compare women who caregive to those who do not, with respect to working, the differences suggest a reduction of approximately 200 hours over the course of a year. For men, the differences exceed 300 hours.

Although some of the difference is due to the fact that caregiving is more concentrated among retired adults, even when we look at those under 65, there is a significant difference indicating approximately 200 work hours lost per year to caregiving, regardless of gender . Of course, work time may precede caregiving, as it would in previous labor market withdrawal for retirement or homemaking, so these data may not actually suggest the loss of work hours, but our data do not allow us to determine the direction of influence.

## Discussion

There continues to be a gender gap in adult care. Women are about twice as likely as men to be caregivers, whether the adults live inside the home or outside. Women constitute about seven out of ten caregivers to adults whether they live inside or outside the home. Even the women who are part of two-full-time worker marriages constitute nearly seven out of ten caregivers to household adults. The gender gap in adult care is alive and well, and though the concepts and measurements used in earlier studies make an accurate comparison difficult, we see little in our 2003 data that suggests a significant change in the gender balance of care over two decades of egalitarian ideological change. Should this pattern persist (note that we have not yet identified consistent structural influences that close it), the loss of women's availability for work and other forms of social participation may contribute to persisting gender inequality.

We can summarize these patterns with reference to the hypotheses we proposed. Our first hypothesis, inspired by robust findings in the time use literature on housework, held that structural factors associated with gender would explain much of the gender gap in caregiving, though gender influences would remain significant Our hypothesized predominance of structural forces receives little and inconsistent, support. Structures routinely associated with gender, like employment status and education, did little to eliminate the effects of gender, when looking at the probability of providing care to a household adult. Women are twice as likely to provide care for a household adult, regardless of employment status, membership in two-full-time worker marriage, education, and age. Among women who have taken on full-time family breadwinning, neither the time constraints of employment nor the resources that could aid them in bargaining with husbands, reduces their likelihood of caring for an adult at home.

Another area in which we found some support for the effects of structural variables, was in care for adults outside the home. For the total population, women are twice as likely to provide such care. But, among particular subgroups of interest—in particular, men and women under 65 who live in two-full-time worker families, no gender effects remain.

When looking at the amount of time engaged in care (as compared to whether or not a person engaged in care), we find no consistent effect of gender. That is, although women were twice as likely as men to spend any time giving care to an adult, among caregivers, men and women spent similar amounts of time, once we controlled for age, marital status, and employment status. Among caregivers to household members, 30 percent of men and women engaged in time-intensive care; about 60% of caregivers to those outside the home, regardless of gender, engaged in time intensive caregiving.

It is important to reiterate the limitations of our structural variables. As we noted earlier, the employment-related variables we used here are limited, in comparison with those used in studies of housework that show significant influences of structures associated with gender.[6] Hypothesis 1a, predicting that gender will be a stronger predictor of involvement in care for adults inside the home than outside, was confirmed. Though women are twice as likely as men to care for an adult outside the home, gender is significant only among the total population; it is not significant among those who are under 65 and married. Other research suggests that married people may be more equal in care to adults outside the home because parents cared for inside the home are more likely the wife's. Moreover, the spousal age gradient may also contribute to the predominance of female caregivers inside but not outside the home.

[6] Later studies will examine income effects, as well as income and employment hours measures for couples, thereby capturing spouses' proportional earnings and hours. However, high rates of item nonresponse for measures of household income limited our use of these variables for this initial analysis.

Hypothesis 2 predicted that gender will be less influential in predicting the level of time investment among men and women, and structural variables will be more influential. The first part of the hypothesis is true: in fact, among caregivers, gender is not a significant predictor of time spent in care, even among time-intensive caregivers. On the other hand, with regard to structural variables, we find little support. In multivariate models examining number of minutes engaged in care for either a household or nonhousehold member, we find no significant effects of either education or employment.[7]

Finally, hypothesis 3 proposes that time spent in care will constrain time spent in other activities, regardless of gender. Indeed, caregiving has time costs for both men and women, though they bear the costs differently. Men pay the time costs of care in reductions of time spent at work . Women pay time costs with reductions of work, sleep, child care, and time spent in recreation/socializing/ and leisure. For both men and women, the minutes lost to other activities are not great, but if these differences accumulate, they represent considerable time costs. And because women are twice as likely to be caregivers as men are, care may impede activities associated with gender equality in the family, the workplace, and in subjective well being.

Still, what does it mean when gender remains influential? What is going on when structural and demographic variables do not explain the association of gender and the probability of caring for a household adult? Our residual category of gender encompassed a variety of influences that others studies have tried to tease apart. We cannot determine whether gender

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[7] Although employment status is significantly related to whether or not a person is involved in time-intensive caregiving (one hour or more), with those not in the labor force significantly more likely to be providing one or more hours of care than their employed counterparts, we caution readers that the lack of sample size to support multivariate models limits our ability to draw conclusions as to the relative impact of employment status, controlling for other demographic and structural characteristics

influences are internalized identities and dispositions, whether they are performances or roles assumed under cultural pressure or whether they are any of the former, that are emergent in dyadic interactions. We cannot even rule out socio-biological dynamics.

We can suggest that the gender effect is not an age cohort dynamic associated with the spread of egalitarianism, because the age groups exposed to the rise of gender egalitarianism in their younger years are as gender unequal (sometimes more so) as the over-65 year olds, who became adults in more gender traditional times. But, even here, there could be confounding processes associated with the caregiving relationship or age that confuse the story. In short, in the areas where we find sturdy gender differences, our data do not allow us to identify the kind of gender difference at play.

That said, gender explains very little of the variance in both likelihood of giving care and time spent in care, when examining time spent in a single day. Considering gender, along with the range of demographic and structural variables that other research has associated with care, we still explain less than 10 percent of the variance in the probability of providing care. We do not consider the role of gender trivial, however, because a one-day survey emphasizes other factors that affect caregiving. For example, other studies have shown that residential proximity between caregiver and care receiver contributes to the likelihood of caregiving. Respondents who do not live near care-needy adults are not likely to have provided care in the previous day because, if they had, they would not likely have been at home to interview.

Moreover, the acute need for care is likely to shape patterns of care in a single day more than it would in over a longer period. Over time, caregivers' characteristics, inclinations, and competing commitments are likely to matter more. On any given day, the needs of others and the proximity of caregivers may be the influences that pattern caregiving most significantly. On any

given day, persistent patterns are likely to explain the division of housework. But on a given day, facing acute need, the force of gender or structural influences may not have accumulated, and only hints of those patterns are likely to manifest.

As valuable as this first round of ATUS data collection is, it will become more valuable over time. Successive waves of time use studies showed a 10--year stall in increases in men's participation in housework by 1995 (Bianchi et al. 2000). As demographic pressures and changes in the division of labor in the family—along with contractions in public programs of care—create greater need and probably, more family conflict over care provision, successive waves of time use study will be able to document, and to some extent, explain, how we respond.

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**Table 1. Percentage of Persons Providing Care to Household Adults by Demographic Characteristics: Full Sample and Among Married Couples**

| | | Married Couples, Living Together | | |
|---|---|---|---|---|
| | Total Sample (n=20,720) | < 65 Years of Age (n=9318) | < 65 Years of Age, Employed Full Time (n=2476) | > 65 Years of Age (n=1815) |
| **Gender** | | | | |
| **Female** | **3.1%** | **3.9%** | **3.3%** | **7.8%** |
| **Males** | **1.6%** | **1.7%** | **1.5%** | **4.4%** |
| $X^2$ | **48.8**** | **41.1**** | **8.4**** | **9.2**** |
| **Age** | | | | |
| **Less than 25** | **1.0%** | **0.3%** | **0.0%** | |
| **25-34** | **1.3%** | **1.6%** | **0.4%** | |
| **35-44** | **2.0%** | **2.6%** | **2.5%** | |
| **45-54** | **2.9%** | **3.1%** | **4.0%** | |
| **55-64** | **3.7%** | **4.3%** | **2.4%** | |
| **65-74** | **4.0%** | | | **5.4%** |
| **75+** | **3.8%** | | | **7.0%** |
| $X^2$ | **102.0**** | **34.4**** | **19.9**** | **2.0** |
| **Education** | | | | |
| **Less than HSG** | **2.0%** | **3.3%** | **2.2%** | **3.9%** |
| **HSG** | **2.9%** | **3.0%** | **3.8%** | **7.6%** |
| **Some College** | **2.3%** | **2.9%** | **2.9%** | **7.8%** |
| **BA/BS** | **2.2%** | **2.4%** | **1.2%** | **3.9%** |
| **Post graduate work** | **1.9%** | **2.1%** | **0.7%** | **2.2%** |
| $X^2$ | **10.6*** | **4.6** | **13.5**** | **14.9**** |

| | | Married Couples, Living Together | | |
|---|---|---|---|---|
| | **Total Sample (n=20,720)** | **< 65 Years of Age (n=9318)** | **< 65 Years of Age, Employed Full Time (n=2476)** | **> 65 Years of Age (n=1815)** |
| **Employment** | | | | |
| **Employed, Full Time** | **1.6%** | **2.1%** | | **3.9%** |
| **Employed, Part time** | **2.5%** | **4.1%** | | |
| **Employed, Absent** | **3.0%** | **4.0%** | | |
| **Unemployed** | **2.2%** | **3.6%** | | **6.4%** |
| **Not in Labor Force** | **3.5%** | **3.9%** | | |
| **$X^2$** | **64.3**** | **28.6**** | | **3.2** |

* p < .05 **p < .01

**Table 2. Percentage of Persons Providing Care to Non-Household Adults by Demographic Characteristics: Full Sample and Among Married Couples,**

| | | Married Couples, Living Together | | |
|---|---|---|---|---|
| | Total Sample (n=20,720) | < 65 Years of Age (N=9318) | < 65 Years of Age, Employed Full Time (n=2476) | > 65 Years of Age (n=1815) |
| **Gender** | | | | |
| **Female** | **2.3%** | **2.8%** | **2.0%** | **2.2%** |
| **Males** | **1.0%** | **1.1%** | **1.2%** | **0.9%** |
| $X^2$ | **56.3**** | **36.7**** | **2.0** | **5.6*** |
| **Age** | | | | |
| **Less than 25** | **0.9%** | **1.4%** | **0.0%** | |
| **25-34** | **0.8%** | **0.9%** | **0.7%** | |
| **35-44** | **1.5%** | **1.4%** | **0.8%** | |
| **45-54** | **2.1%** | **2.4%** | **2.9%** | |
| **55-64** | **2.9%** | **3.2%** | **1.8%** | |
| **65-74** | **2.2%** | | | **1.6%** |
| **75+** | **2.0%** | | | **1.2%** |
| $X^2$ | **68.1**** | **33.3**** | **15.0**** | **0.5** |
| **Education** | | | | |
| **Less than HSG** | **1.3%** | **1.8%** | **0.0%** | **1.1%** |
| **HSG** | **1.8%** | **2.0%** | **1.5%** | **2.2%** |
| **Some College** | **2.0%** | **2.4%** | **1.5%** | **0.6%** |
| **BA/BS** | **1.3%** | **1.5%** | **1.9%** | **0.5%** |
| **Post graduate work** | **1.6%** | **1.8%** | **2.1%** | **1.6%** |
| $X^2$ | **11.7*** | **4.8** | **3.1** | **6.6** |

| | | Married Couples, Living Together | | |
|---|---|---|---|---|
| | **Total Sample (n=20,720)** | **< 65 Years of Age (N=9318)** | **< 65 Years of Age, Employed Full Time (n=2476)** | **> 65 Years of Age (n=1815)** |
| **Employment** | | | | |
| **Employed, Full Time** | **1.3%** | **1.4%** | | **0.6%** |
| **Employed, Part time** | **2.0%** | **3.4%** | | |
| **Employed, Absent** | **1.8%** | **1.9%** | | |
| **Unemployed** | **1.4%** | **0.3%** | | **1.7%** |
| **Not in Labor Force** | **2.2%** | **3.1%** | | |
| **$X^2$** | **13.5**** | **24.0**** | | **2.2** |

*p< .05 **p< .01

**Table 3. Logistic Regression Models Predicting Care to Household Adults: Total Sample and Among Married Couples, Less Than 65 Years of Age**

| | Total Sample (n=19,947) | | Among Married Couples, < 65 Years of Age (N=8973) | |
|---|---|---|---|---|
| **Independent Variables** | **Coefficient** | **Odds** | **Coefficient** | **Odds** |
| **Constant** | -3.811** | .022 | -3.465** | .031 |
| **Gender** | | | | |
| **Female** | .645** | 1.91 | .747** | 2.11 |
| **Males** | --- | ---- | --- | --- |
| **Age** | | | | |
| **Less than 25** | -.829** | .437 | -2.445 | .087 |
| **25-34** | -.362 | .696 | -.538 | .584 |
| **35-44** | — | — | ---- | ---- |
| **45-54** | .238 | 1.269 | .084 | 1.087 |
| **55-64** | .369 | 1.446 | .279 | 1.321 |
| **65-74** | .299 | 1.349 | | |
| **75+** | .453 | 1.574 | | |
| **Education** | | | | |
| **Less than HSG** | -.104 | .901 | .262 | 1.300 |
| **HSG** | — | --- | ---- | ---- |
| **Some College** | -.116 | .891 | .026 | 1.026 |
| **BA/BS** | -.134 | .875 | -.110 | .896 |
| **Post graduate work** | -.333 | .717 | -.177 | .838 |

| | Total Sample (n=19,947) | | Among Married Couples, < 65 Years of Age (N=8973) | |
|---|---|---|---|---|
| **Employment** | | | | |
| **Usual hours worked** | -.012 | .988 | -.025* | .975 |
| **Employed, Full Time** | -.085 | .918 | .832 | 2.297 |
| **Employed, Part time** | .067 | 1.069 | .672* | 1.959 |
| **Absent or Unemployed** | .062 | 1.064 | .318 | 1.375 |
| **Not in Labor Force** | ---- | ----- | ---- | ----- |
| **Marital Status** | | | | |
| **Never Married** | -- | | | |
| **Married** | .492** | 1.636 | | |
| **Widowed** | -1.317* | .268 | | |
| **Divorced** | -.252 | .777 | | |
| **Separated** | -.078 | .925 | | |
| **Spouse's Employment Status** | | | | |
| **Employed Full Time** | | | -.185 | .831 |
| **Employed Part Time** | | | -.281 | .755 |
| **Unemployed or Not in the Labor Force** | | | ---- | ---- |
| **HH composition** | | | | |
| **Any child in HH** | -.306* | .736 | -.333 | .717 |
| **Focal day of Interview** | | | | |
| **Weekday** | --- | --- | ---- | ---- |
| **Weekend** | -.516** | .597 | -.520** | .594 |
| **H-L $R^2$** | .068 | | .053 | |

* $p < .05$ ** $p < .01$

**Table 4. Logistic Regression Models Predicting Care to Non-Household Adults: Total Sample and Among Married Couples, Less than 65 Years of Age**

| | Total Sample (n=19,947) | | Among Married Couples, < 65 Years of Age (N=8973) | |
|---|---|---|---|---|
| **Independent Variables** | **Coefficient** | **Odds** | **Coefficient** | **Odds** |
| **Constant** | -4.385** | .012 | -4.053** | .17 |
| **Gender** | | | | |
| **Female** | .741** | 2.097 | .790 | 2.303 |
| **Males** | — | ---- | --- | --- |
| **Age** | | | | |
| **Less than 25** | -.804** | .448 | -.188 | .828 |
| **25-34** | -.671** | .511 | -.561 | .571 |
| **35-44** | — | — | — | --- |
| **45-54** | .303 | 1.355 | .362 | 1.436 |
| **55-64** | .448* | 1.566 | .387 | 1.473 |
| **65-74** | .011 | 1.011 | | |
| **75+** | -.184 | .832 | | |
| **Education** | | | | |
| **Less than HSG** | -.099 | .906 | .021 | 1.0722 |
| **HSG** | — | — | — | --- |
| **Some College** | .267 | 1.306 | .3137 | 1.401 |
| **BA/BS** | -.160 | .852 | -.010 | .990 |
| **Post graduate work** | -.033 | .967 | .107 | 1.113 |

| | Total Sample (n=19,947) | | Among Married Couples, < 65 Years of Age (N=8973) | |
|---|---|---|---|---|
| **Employment** | | | | |
| **Usual hours worked** | -.004 | .996 | -.004 | .996 |
| **Employed, Full Time** | -.200 | .818 | -.322 | .725 |
| **Employed, Part time** | .195 | 1.216 | .324 | 1.382 |
| **Absent or Unemployed** | -.016 | .984 | -1.955 | .142 |
| **Not in Labor Force** | ---- | ----- | ---- | ---- |
| **Marital Status** | | | | |
| **Never Married** | — | — | | |
| **Married** | .190 | 1.209 | | |
| **Widowed** | .314 | 1.369 | | |
| **Divorced** | -.064 | .938 | | |
| **Separated** | -.780 | .216 | | |
| **Spouse's Employment Status** | | | | |
| **Employed Full Time** | | | .007 | 1.007 |
| **Employed Part Time** | | | -.271 | .763 |
| **Not Employed or Not in the Labor Force** | | | ---- | ---- |
| **HH composition** | | | | |
| **Any child in HH** | -.144 | .865 | -.396 | .673 |
| **Focal day of Interview** | | | | |
| **Weekday** | — | — | — | — |
| **Weekend** | -.160 | .852 | -.445* | ..641 |
| **H-L $R^2$** | .044 | | .061 | |

**Table 5. Linear Regression Models Predicting Number of Minutes Engaged in Care of Household Adults: All Individuals Who Provide Care and Individual Who Provide Care and are Married, Less than 65 Years of Age**

| Independent Variables | Among all Individuals Providing Care (n=460) | Among Individuals who are Providing Care and who are Married Couples, < 65 Years of Age (n=238) |
|---|---|---|
| **Constant** | **76.7*** | **29.94** |
| **Gender** | | |
| **Female** | 6.1 | 43.3** |
| **Males** | --- | --- |
| **Age** | | |
| **Less than 25** | -48.9 | 56.8 |
| **25-34** | -3.1 | 16.2 |
| **35-44** | --- | — |
| **45-54** | 12.4 | 38.5* |
| **55-64** | 41.5* | 34.6* |
| **65-74** | 76.2** | |
| **75+** | 84.3** | |
| **Education** | | |
| **Less than HSG** | 11.8 | -14.9 |
| **HSG** | --- | --- |
| **Some College** | 22.1 | 34.0* |
| **BA/BS** | -2.6 | -14.9 |
| **Post graduate work** | 14.9 | -9.1 |

| | Among all Individuals Providing Care (n=460) | Among Individuals who are Providing Care and who are Married Couples, < 65 Years of Age (n=238) |
|---|---|---|
| **Employment** | | |
| **Usual hours worked** | .032 | .116 |
| **Employed, Full Time** | -11.3 | 2.97 |
| **Employed, Part time** | -28.2 | 15.5 |
| **Absent or Unemployed** | -38.1 | -9.3 |
| **Not in Labor Force** | ---- | --- |
| **Marital Status** | | |
| **Never Married** | ---- | |
| **Married** | -33.8 | |
| **Widowed** | -124.7** | |
| **Divorced** | -37.9 | |
| **Separated** | -8.3 | |
| **Spouse's Employment Status** | | |
| **Employed Full Time** | | -53.3** |
| **Employed Part Time** | | -68.3** |
| **Not Employed or Not in the Labor Force** | | ----- |
| **HH composition** | | |
| **Any child in HH** | -7.9 | -3.87 |
| **Focal day of Interview** | | |
| **Weekday** | ---- | --- |
| **Weekend** | -18.5 | -9.8 |
| **Adjusted $R^2$** | .11 | .11 |

**Table 6. Percentage of Persons Who Provide 60 Minutes of Care or More to Household Member or to a Non-Household Member, Among those Providing Any Care**

| | Care to Household Adults | Care to Non-Household Adults |
|---|---|---|
| | Total Sample (n=490) | Total Sample (n=343) |
| Gender | | |
| Female | 33.0% | 58.9% |
| Males | 30.6% | 66.0% |
| $X^2$ | 0.26 | 1.45 |
| Age | | |
| Less than 25 | 13.5% | 71.9% |
| 25-34 | 20.8% | 55.6% |
| 35-44 | 17.3% | 56.7% |
| 45-54 | 25.2% | 46.9% |
| 55-64 | 32.6% | 67.1% |
| 65-74 | 64.2% | 64.9% |
| 75+ | 48.2% | 76.7% |
| $X^2$ | 57.3** | 13.6* |
| Education | | |
| Less than HSG | 24.7% | 74.5% |
| HSG | 35.0% | 56.9% |
| Some College | 37.3% | 63.1% |
| BA/BS | 27.0% | 51.2% |
| Post graduate work | 29.4% | 57.1% |
| $X^2$ | 5.3 | 7.1 |

| | Care to Household Adults | Care to Non-Household Adults |
|---|---|---|
| **Employment** | | |
| **Employed, Full Time** | **22.8%** | **48.0%** |
| **Employed, Part time** | **24.3%** | **55.2%** |
| **Employed, Absent** | **----** | **----** |
| **Unemployed** | **----** | **-----** |
| **Not in Labor Force** | **44.8%** | **70.8%** |
| **$X^2$** | **31.45**** | **20.4**** |

Note: estimates for cell sizes less than 25 not presented.
* p< .05 ** p< .91

**Table 7. Signficant Bivariate Correlation Coefficients between Caregiving Minutes for Household and Non-household Members and Other Activities, Separately by Gender (all correlations significant at p < .05)**

| | Minutes Providing Care to Household Adults | | Minutes Providing Care to Non-Household Adults | |
|---|---|---|---|---|
| **Activity** | **Females (n=553)** | **Males (n=255)** | **Females (n=553)** | **Males (n=255)** |
| **Minutes of Core Housework** | . 099 | | -.179 | -.150 |
| **Minutes of Primary Care of Children** | -.103 | | -.083 | |
| **Minutes Working** | -.086 | -.217 | -.086 | -.129 |
| **Minutes Sleeping** | -.084 | | -.122 | |
| **Minutes Exercising/Recreation/ Socializing** | -.148 | | -.149 | |
| **Minutes providing Help to HH Adults** | .108 | | | |
| **Minutes Caring for a HH Adult** | | | | -.206 |
| **Minutes providing Help to Non-HH Adults** | -.095 | | .088 | |
| **Minutes of Travel related to Caring or Helping** | | | .208 | .187 |

Note: correlation matrix limited to individuals who provide any care

**Table 8. Mean Time Engaged in Various Activities, Caregivers and Noncaregivers, by Gender (standard errors in parentheses)**

| | Among Non-Caregivers | | | Among Caregivers | | |
|---|---|---|---|---|---|---|
| **Activity** | **Females (n=10,172)** | **Males (n=9740)** | **Total (n=19,912)** | **Females (n=553)** | **Males (n=255)** | **Total (n=808)** |
| **Core Housework** | 104.7** (1.22) | 28.0 (0.59) | 67.21** (0.74) | 132.0** (5.61) | 59.3 (4.61) | 109.1 (4.27) |
| **Primary Childcare** | 35.4** (0.85) | 14.5 (0.53) | 25.2 (0.51) | 25.0** (2.70) | 12.9 (2.75) | 21.2 (2.05) |
| **Working** | 158.7** (2.30) | 247.7 (2.80) | 202.2** (1.83) | 111.0** (8.04) | 169.2 (14.3) | 129.3 (7.18) |
| **Sleeping** | 521.2** (1.27) | 508.9 (1.41) | 515.2** (0.95) | 481.3 (5.31) | 495.0 (8.71) | 485.6 (4.56) |
| **Exercise, Recreation, and Socialization** | 278.6** (1.93) | 310.2 (2.20) | 294.1** (1.46) | 250.4** (6.90) | 291.7 (11.72) | 263.4 (6.03 |