

## **Negative and Positive Experiences of Intergenerational Caregiving**

### **Extended Abstract for PAA 2015 Submission**

**Anna M. Hammersmith ([hammera@bgsu.edu](mailto:hammera@bgsu.edu))**

**I-Fen Lin ([ifenlin@bgsu.edu](mailto:ifenlin@bgsu.edu))**

**Department of Sociology  
Bowling Green State University**

Intergenerational caregiving is an important source of support in the United States (Booth, Crouter, Bianchi, and Seltzer 2008). Parents raise children and adult children provide care to their aging parents. The provision of intergenerational support will play an increasingly significant role in the future because of the delay in the transition to adulthood and the increase in life expectancy. Past research has shown that intergenerational caregiving brings about both negative and positive experiences (Bianchi, Folbre, and Wolfe 2012). The provision of care is often associated with stress and places both physical and mental demands on caregivers (Freedman, Cornman, and Carr 2014). Nevertheless, assuming the role of care provider can be perceived as rewarding through instilling caregivers with a sense of purpose and meaning (Marks, Lambert, and Choi 2002; Raschick and Ingersoll-Dayton 2004).

Despite extensive studies on the negative and positive experiences of caring for children (Pollmann-Schult 2014; Nomaguchi and Milkie 2003) and caring for aging parents (Lin, Fee, and Wu 2012; Pinquart and Sorensen 2003), it is unclear whether caring for parents would bring about a more negative or positive experience than caring for children. On the one hand, caring for children may be a more exhausting experience than caring for parents because the former tends to consume more time and money than the latter (Pollmann-Schult 2014). On the other hand, caring for children may be a more joyful experience than caring for parents because children grow to be more independent while parents may already be frail and often only become more dependent over time.

Using unique data from the pooled 2012 and 2013 rounds of the American Time Use Survey (ATUS) that contain detailed information on care provision to children and parents, we ask whether the provision of care to parents is a more negative or positive experience than the provision of care to children. This study adds to the caregiving literature by addressing how different directions of intergenerational caregiving are related to caregivers' well-being.

### **Data**

The ATUS, initiated in 2003 by the Bureau of Labor Statistics (BLS), is a continuous household survey focused on time use in the United States. A probability sample is drawn annually from the households that have completed their final month of interviews for the Current Population Survey (CPS). Two to five months after the conclusion of their participation in the CPS, these randomly selected respondents were contacted for a telephone interview asking about how they spent their time, starting at 4 a.m. on the prior day and ending at 3:59 a.m. on the day that the respondents

were interviewed (diary day). Exact start and end times for each activity were recorded. These respondents were interviewed only one time. The sample, when weighted, represents a nationally representative population of noninstitutionalized individuals aged 15 and older.

Beginning in 2011, BLS initiated the use of questions about care provision for older adults. We limited the analysis to the 2012 and 2013 rounds because a well-being module was added to these rounds of data collection. In this module, ATUS randomly selected three of the respondent's diary activities for which the respondents reported how much happiness, meaning, pain, sadness, stress, and tiredness they experienced when performing the activities, which enable us to examine the association between caregiving activities and negative/positive experiences. The final sample includes 2,569 respondents performing 7,674 caregiving activities during the diary day.

### Measures

The dependent variable is the respondent's reported feelings of happiness, meaning, pain, sadness, stress, and tiredness while performing caregiving activities throughout their diary day. Responses for the six well-being measures range from 0 to 6 with 0 representing the minimum amount of the reported feeling and 6 representing the highest presence of this feeling. The key independent variable in this study is whether the activity for which the respondent answered the well-being questions was considered providing care to a parent or a household child.

Several of respondents' characteristics will be considered in the analysis to adjust for the difference between caregivers of children and caregivers of parents, including age, gender, race and ethnicity, marital status, educational attainment, work status, and family income. In addition, respondents' self-rated health will also be considered.

### Preliminary results

Table 1 shows the weighted descriptive statistics for the characteristics of caregivers of parents and caregivers of children. Not surprisingly, caregivers of parents are older than caregivers of children (52 versus 36 years old, on average). Women are more likely than men to be caregivers of both children (.66) and parents (.61). Caregivers of parents are more likely than caregivers of children to be Black (.23 versus .10), whereas caregivers of children are more likely than caregivers of parents to be Hispanic (.21 versus .13). This finding may reflect the fact that Black older adults are more likely to rely on adult children for support and Hispanics often have more children compared to other racial and ethnic groups. Caregivers of parents tend to have a lower educational attainment than caregivers of children, likely due to cohort effect. About three-quarters of caregivers of children are married (.74) but a substantial share of caregivers of parents are never-married (.33). Whereas a majority of caregivers of children are working (62%), not working is the modal category for caregivers of parents (61%). No statistical difference in family income is found between caregivers of children and parents, but caregivers of children report significantly better health than caregivers of parents.

Table 2 presents the results from the regressions of the six well-being measures on caregiving activities after adjusting for study design. The results from zero-order associations (i.e., without adding control variables) suggest that caregivers of parents derive the same levels of happiness and meaning from caregiving as caregivers of children. Yet when providing care, caregivers of parents experience more pain (0.68) and sadness (0.38) than caregivers of children. Although providing care to parents and children is equally stressful, caring for children is more tiring than caring for parents (-0.36).

After taking into account differences in respondents' characteristics, the association between types of caregivers and pain disappears. The association is largely explained away by the differences in age, marital status, labor force participation, income, and self-rated health between caregivers of children and caregivers of parents. Similarly, the association between types of caregivers and tiredness is largely attributable to age, gender, educational attainment, labor force participation, and self-rated health. Although the inclusion of caregivers' characteristics weakens the association between types of caregivers and sadness, the association remains statistically significant (0.27).

In sum, this preliminary analysis indicates that although caregivers of parents and caregivers of children derive similar levels of positive experiences from performing caregiving activities, providing care to parents versus children is differentially associated with the experience of negative aspects of well-being. Although several of these associations can be explained by caregivers' characteristics, the finding of greater sadness among caregivers of parents than caregivers of children remains significant and robust. This is an important finding because higher levels of sadness among caregivers of parents may lead to diminished mental and physical health, further jeopardizing the well-being of caregivers of older adults. This finding has important policy implications for designing better policies and programs to best support this vulnerable group of caregivers.

### Next Steps

This study includes several steps to further explore whether the provision of care to parents is a more negative or positive experience than the provision of care to children. Specifically, we will investigate whether the association varies depending on the type of caregiving activities. We plan to distinguish indirect caregiving activities (e.g., cooking, cleaning, preparing food, household management, providing supervision) from direct caregiving activities (e.g., socializing, reading to care recipient, playing with care recipient, providing medication or direct physical care) to further explore how the nature of care activities may be associated with the six measures of feelings for caregivers of children and parents. This analysis will provide a better glimpse into the negative and positive experiences of care provision to parents and children as well as what type of caregiving activities are perceived as most negative or positive.

Table 1. Weighted Descriptive Statistics for the Characteristics of Caregivers of Children and Parents

	All Caregivers	Caregivers of Children	Caregivers of Parents	
<b>Age</b>	37.11(0.31)	35.77(0.26)	51.74(2.05)	***
<b>Gender</b>				
Men	0.35(.01)	0.33(.01)	0.39(.01)	
Women	0.65(.01)	0.66(.05)	0.61(.05)	
<b>Racial or Ethnic Background</b>				
White	0.62(.01)	0.62(.01)	0.61(.05)	
Black	0.11(.01)	0.10(.01)	0.23(.04)	**
Hispanic	0.20(.01)	0.21(.01)	0.13(.03)	*
Other Race	0.07(.01)	0.07(.01)	0.03(.02)	*
<b>Educational Attainment</b>				
Less than High School	0.12(.01)	0.12(.01)	0.12(.03)	
High School	0.24(.03)	0.24(.01)	0.31(.05)	
Some College	0.27(.01)	0.26(.01)	0.36(.05)	*
College	0.37(.01)	0.38(.01)	0.21(.03)	***
<b>Marital Status</b>				
Married	0.72(.01)	0.74(.01)	0.47(.05)	***
Divorced or Separated	0.09(.01)	0.08(.01)	0.17(.04)	*
Widowed	0.01(.00)	0.01(.00)	0.03(.01)	
Never Married	0.18(.01)	0.17(.01)	0.33(.05)	**
<b>Work Status</b>				
Full-Time	0.47(.01)	0.48(.01)	0.26(.04)	***
Part-Time	0.14(.01)	0.14(.01)	0.13(.03)	
Unemployed	0.28(.01)	0.26(.01)	0.53(.05)	***
Out of the Labor Force	0.11(.01)	0.12(.01)	0.08(.03)	
<b>Family Income</b>	11.12(.10)	10.56(.34)	11.16(.11)	
<b>Health Status</b>	2.41(.03)	2.39(.03)	2.71(.11)	**
<b>Unweighted N</b>	2569	2397	172	

\*  $p < .05$  \*\*  $p < .01$  \*\*\*  $p < .001$

Note: Family income is a continuous variable with values ranging from 1 "less than 5,000", 2 "5,000 to 7,499", 3 "7,500 to 9,999", 4 "10,000 to 12,499", 5 "12,500 to 14,999", 6 "15,000 to 19,999", 7 "20,000 to 24,999", 8 "25,000 to 29,999", 9 "30,000 to 34,999", 10 "35,000 to 39,999", 11 "40,000 to 49,999", 12 "50,000 to 59,999", 13 "60,000 to 74,999", 14 "75,000 to 99,999", 15 "100,000 to 149,999", and 16 "150,000 and higher"; health is a continuous variable with the categories: 1 "excellent", 2 "very good", 3 "good", 4 "fair", and 5 "poor".

Table 2. Coefficients and Standard Errors from OLS Regressions of Well-being on Types of Caregivers and Other Covariates

	Happiness		Meaning		Pain	
	<u>Zero-order</u>	<u>Full</u>	<u>Zero-order</u>	<u>Full</u>	<u>Zero-order</u>	<u>Full</u>
Constant	4.63(.02) ***	5.46(.16) ***	4.73(.03) ***	4.81(.17) ***	0.34(.09) ***	-0.32(.17) *
Care to children (ref)						
Care to Parent	-0.16(.09)	-0.10(.10)	0.15(.10)	-0.15(.11)	0.68(.02) ***	0.04(.09)
Age		0.002(.00)		0.01(.00) ***		0.01(.00) **
Men (ref)						
Women		-0.05(.05) ***		0.06(.06)		0.02(.05)
White (ref)						
Black		0.34(.08) ***		0.49(.07) ***		-0.02(.08)
Hispanic		0.28(.06)		0.17(.08) *		-0.04(.06)
Other Race		0.08(.08)		-0.03(.10)		0.15(.08) *
Less than High School (ref)						
High School		-0.03(.09)		-0.32(.10) ***		-0.11(.09)
Some College		-0.24(.10) **		-0.35(.10) ***		0.01(.09)
College		-0.37(.10) ***		-0.59(.10) ***		-0.08(.09)
Married (ref)						
Widowed		-0.10(.23)		0.23(.18)		-0.17(.23)
Divorced or Separated		-0.05(.08)		0.11(.08)		0.30(.08) ***
Never Married		-0.23(.07) ***		-0.06(.08)		-0.17(.07) **
Full-time (ref)						
Part-time		-0.04(.06)		-0.09(.08)		0.16(.06) **
Not in Labor Force		-0.04(.06)		0.07(.06)		0.18(.06) ***
Out of Labor Force		-0.04(.09)		0.10(.10)		0.20(.09) *
Family Income		-0.01(.01) *		-0.01(.01)		-0.03(.01) ***
Self-Rated Health		-0.16(.02) ***		-0.03(.02)		0.42(.02) ***
R-squared	0.0010	0.0334	0.0006	0.0341	0.0043	0.1293

\*  $p < .05$  \*\*  $p < .01$  \*\*\*  $p < .001$

Table 2 (continued). Coefficients and Standard Errors from OLS Regressions of Well-being on Types of Caregivers and Other Covariates

	Sadness			Stress			Tiredness				
	<u>Zero-order</u>		<u>Full</u>	<u>Zero-order</u>		<u>Full</u>	<u>Zero-order</u>		<u>Full</u>		
Constant	0.41(.02)	***	-0.18(.13)	1.42(.03)	***	0.57(.20)	*	2.56(.03)	***	1.69(.21)	***
Care to Children (ref)											
Care to Parent	0.38(.08)	***	0.27(.08)	***	-0.05(.10)	-0.06(.08)		-0.36(.12)	**	-0.21(.13)	
Age			0.01(.04)	**		0.00(.00)				-0.01(.00)	***
Men (ref)											
Women			0.04(.04)			0.21(.06)	***			0.40(.06)	***
White (ref)											
Black			0.06(.06)			-0.25(.09)	**			-0.18(.11)	
Hispanic			0.09(.05)			-0.11(.08)				-0.18(.09)	*
Other Race			0.12(.06)			0.01(.09)				-0.04(.11)	
Less than High School (ref)											
High School			-0.15(.08)			-0.04(.12)				0.12(.13)	
Some College			-0.15(.08)			0.10(.12)				0.34(.13)	**
College			-0.18(.08)	*		0.38(.12)	**			0.27(.14)	*
Married (ref)											
Widowed			0.37(.22)			0.01(.23)				-0.17(.24)	
Divorced or Separated			0.15(.07)	*		0.21(.09)	*			0.09(.10)	
Never Married			-0.16(.06)	**		0.07(.08)				-0.001(.10)	
Full-time (ref)											
Part-time			0.11(.05)	*		0.01(.07)				-0.18(.08)	*
Not in Labor Force			-0.02(.04)			-0.16(.06)	**			-0.37(.08)	***
Out of Labor Force			0.34(.08)	***		0.11(.10)				-0.14(.11)	
Family Income			0.01(.01)			-0.01(.01)				-0.003(.03)	
Self-Rated Health			0.15(.02)	***		0.30(.03)	***			0.41(.03)	***
R-squared	0.0088		0.0502		0.0026	0.0422		0.0016		0.0595	

\*  $p < .05$  \*\*  $p < .01$  \*\*\*  $p < .001$

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