Women's Kin Caregiving Burden Across Race-Ethnicity in the United States

ABSTRACT

Women's race-ethnicity shapes their kin caregiving burden, i.e., the number of kin for whom they provide care. Previous work has lacked an explicitly demographic approach which considers the number and age of kin for whom a woman may provide care based on mortality, fertility, and kin proximity differentials. To address this gap, the present study considers a woman's kinship network to quantify disparities in the kin caregiving burden across women's race-ethnicity. I use kinship matrix models and time-use data on which kin women provide child- and adultcare to estimate (1) the age and kin type for whom women will provide care; (2) the number of kin for whom women provide care across the life course, and (3) the intensity of that care. Owing to racial-ethnic disparities in terms of mortality, fertility, and kin proximity, I expect there will be large differences in terms of the three outcomes. For example, I expect Black women will provide more child- and eldercare earlier in the life course, whereas White women will peak relatively later. Hispanic women will provide less eldercare but more childcare. Building on previous work identifying disparities in women's family lives across race-ethnicity, this study examines an understudied element of social stratification: the kin caregiving burden.

INTRODUCTION

Caregiving responsibilities are a crucial component of women's work-family life course (Ansari-Thomas 2024; Briar and Kaplan 1990; Patterson and Margolis 2019). Though providing care to family members can be rewarding (Cohen et al. 2015; López, López-Arrieta, and Crespo 2005), being an unpaid family caregiver can have deleterious effects on women's labor market attachment, lifetime earnings, and well-being (Ansari-Thomas 2024; Bauer and Sousa-Poza 2015; Jacobs et al. 2019). Further, racial-ethnic disparities in when women care for kin, as well as for which kin they care, are large (Fasang and Aisenbrey 2021; Pessin, Damaske, and Frech 2023; Pessin and Pojman 2024). Such disparities may contribute to greater stratification between Black, Hispanic, and white women at key points in the life course. Though a long literature emphasizes cultural and structural reasons for these disparities (e.g., Dow 2016a; Ice 2023; Peek, Coward, and Peek 2000; Roschelle 1997; Santoro et al. 2016; Sarkisian, Gerena, and Gerstel 2007; Sarkisian and Gerstel 2004), these perspectives overlook the importance of the timing and occurrence of demographic processes (e.g., fertility, mortality, and union formation).

Racial-ethnic variation in caregiving cannot be fully understood without considering the demographic drivers of when caregiving responsibilities arise across the life course, as well as the intensity of that care (Swartz 2009). In other words, demographic differentials between groups create different caregiving responsibilities for racialized women. The age at which women have children, how many they have, whether and when they partner, when their parents die, and the supply of other kin who could also provide care differs greatly between Black, Hispanic, and white women (Dixon 2024; Raley, Sweeney, and Wondra 2015; Reyes, Schoeni, and Freedman 2021; Schweizer and Guzzo 2020; Sohn 2023, 2024; Sweeney and Raley 2014; Umberson et al. 2017; Verdery et al. 2017; Verdery and Margolis 2016). Still missing, however, is an understanding of

when these disparities are largest in the life course, and by how much. Similarly, we lack an understanding of how kinship networks contribute to life course stratification in caregiving.

Drawing on life course and kinship inequality perspectives, I examine social stratification in caregiving between Black, Hispanic, and white women. I ask, (1) How do kinship networks vary in size and structure across race-ethnicity and the life course? (2) How do the number and relationship of kin for whom women provide care vary across race-ethnicity and the life course? (3) Among those who provide any care, does the intensity of this care vary across race-ethnicity and the life course? To answer these questions, I apply U.S. Census estimates of mortality and fertility schedules to kinship matrix models (Caswell 2019, 2022, 2024). These models allow me to estimate the size and structure of the kinship networks of Black, Hispanic, and white women between birth and age 100. Second, I use data from the 2012-2023 waves of the American Time Use Survey to generate national-level estimates of kin caregiving prevalence and intensity across race-ethnicity and the life course.

In turn, I find large racial-ethnic differences in kin caregiving across the life course. Disparities are largest when women are in their thirties and forties. Black and Hispanic women provide care, and particularly child- and grandchild care, earlier than white women. Hispanic women have the highest lifetime caregiving burden owing both to their greater degree of caregiving provision and higher number of kin. Accounting for kinship network size increases the Black-white gap in lifetime caregiving burden.

This study offers a key mechanism driving social stratification in racialized women's work and family lives in the United States: stratification in the timing and occurrence of demographic processes, which shape the timing and demand for care across the life course. I bridge work on kinship demography (e.g., Alburez-Gutierrez et al. 2022; Alburez-Gutierrez, Mason, and Zagheni

2021; Jiang et al. 2025; Verdery et al. 2017; Verdery and Margolis 2016) with literature on stratification in women's work and family lives (e.g., Fasang and Aisenbrey 2021; Pessin et al. 2023; Pessin and Pojman 2024). Because the size and structure of kinship networks provide important resources across the life course (Alburez-Gutierrez et al. 2022), a kinship perspective on caregiving burden is imperative.

BACKGROUND

The Demography of Kin Caregiving

Dramatic changes to the family and population aging have reshaped kinship systems in the United States (Agree and Glaser 2009; Freedman et al. 2024; Furstenberg 2020). Declining fertility has led to smaller "bean-pole" families characterized by fewer horizontal kin (e.g., siblings and cousins) and more vertical kin (e.g., grandparents) (Lam and Marteleto 2008; Laslett 1997; Verdery 2015), while marriage has declined in favor of cohabitation or singlehood (Cherlin 2020; Lundberg, Pollak, and Stearns 2016; Raley et al. 2015). Meanwhile, increasing life expectancy has increased kin overlap, meaning multiple generations now coexist for longer, potentially counteracting smaller family sizes (Agree and Glaser 2009; Song and Mare 2019). The extent of this overlap, determined by generation length and life expectancy, stratifies kin networks by determining caregiver availability and the direction of intergenerational support (Alburez-Gutierrez et al. 2021; Dukhovnov and Zagheni 2019; Kalmijn 2019; Ruggles 1987; Swartz 2009).

As kinship networks in the U.S. age, there is an increased burden on caregivers who must provide care more frequently to a greater number of family members, and for a longer time (Briar and Kaplan 1990; Patterson and Margolis 2019). Though there has been much focus on "sandwich" caregivers who provide care to both children and parents (e.g., Alburez-Gutierrez et al. 2021;

Ansari-Thomas 2024; Dukhovnov and Zagheni 2015), the historical prevalence of sandwich caregivers has been relatively low in the U.S. (Alburez-Gutierrez et al. 2021; Dukhovnov and Zagheni 2015; Loomis and Booth 1995; Seltzer and Bianchi 2013). Rather, the broader term "multigenerational caregiving" captures spousal, sibling, and grandchild care in addition to parental- and childcare. Multigenerational caregiving occurs across much of adulthood (Patterson and Margolis 2019).

Though most Americans have at least one living family member at any given point in the life course (Verdery and Margolis 2016), their propensity (i.e., the likelihood of caregiving given the availability and needs of kin) (Ruggles 1987; Smith 1981) to provide care for those kin varies. Propensity is determined by several conditions: (1) one must have living kin, (2) the kin must require care, (3) the kin must be or will become geographically proximate, and (4) a (gendered) caregiving obligation must exist (Freedman et al. 2024; Verdery et al. 2017:5).

The size and structure of the kinship network of an individual varies across their lifetime: when the individual is born their network consists exclusively of older kin, and as the individual ages those kin pass away and new kin are born (Caswell and Vries 2025). Thus, propensity is highly determined by demographic processes that shape kin availability across the life course: fertility, mortality, morbidity, and family formation. Fertility introduces new kin into the larger kinship network, increasing the propensity to provide downward care (i.e., to children or grandchildren). The total number of children women have across their life course increases the time they spend providing childcare (Alburez-Gutierrez et al. 2021). Further, the timing of childbearing shapes generational length (Caswell and Vries 2025). Mortality removes kin from the network, thereby reducing the propensity to provide care, particularly upward and horizontal (i.e., to parents and grandparents, or to partners or siblings) care. Conversely, kin experiencing

morbidity (i.e., illness and disability) can increase caregiving propensity (Alburez-Gutierrez et al. 2021). Patterns of family formation and dissolution (e.g., marriage or divorce) can determine who is available to assist with caregiving responsibilities as well as who needs care. Some family forms (e.g., stepfamilies) may have a complex relationship with the provision of caregiving within the extended kinship network (Furstenberg et al. 2020). Together, these demographic processes shape which kin are alive and in need of care.

Generational overlap (also referred to as "lifetime kin overlap" by Caswell and Vries 2025; or "multigenerational exposure" by Song and Mare 2019) refers to the time individuals spend alive at the same time as other kin and is shaped by demographic processes (Caswell and Vries 2025; Mare 2014; Margolis 2016; Song and Mare 2019). The length of overlap can vary greatly depending on the age of childbearing (Mare 2014). Groups with earlier childbearing (e.g., Hispanic Americans) therefore have longer generational overlap, such as in years spent as a grandparent (Mare 2014; Margolis and Wright 2017). Over time, much of the increases in generational overlap between grandparents and grandchildren has been due to decreased mortality among the grandparent generation (Agree and Glaser 2009; Song and Mare 2019). Indeed, in a low fertility, low mortality context such as the United States, individuals can expect to have more overlap with living grandparents than grandchildren (Caswell and Vries 2025).

By determining who provides care and when, kinship networks are a key mechanism of social stratification across the life course (Alburez-Gutierrez et al. 2022; Margolis and Verdery 2019; Margolis and Wright 2017; Seltzer and Bianchi 2013; Sohn 2023, 2024; Song and Mare 2019). The occurrence and timing of the demographic processes are not uniform across the population, creating disparities in kinship structures and thus caregiving responsibilities (Alburez-Gutierrez et al. 2022; Dixon 2024; Furstenberg et al. 2020; Margolis and Wright 2017; Ruggles

1987). Furthermore, the relationship between kinship network size and caregiving propensity is mixed, as having more kin increases likelihood of time spent with that kin type, but also may diminish the time provided to each person (Seltzer and Bianchi 2013).

Caregiving Across the Life Course

Caregiving responsibilities play a key role in shaping women's work-family life course (Ansari-Thomas 2024; Briar and Kaplan 1990; Hünteler 2022; Patterson and Margolis 2019; Pessin and Pojman 2024). The provision of multigenerational caregiving peaks when women are in their prime working ages (Damaske and Frech 2016; Patterson and Margolis 2019), such that many women providing high-intensity child or adult care must reduce their paid work hours or exit the labor market entirely (Ansari-Thomas 2024).

Women's kin caregiving burden is variable across the life course due to shifts in the age structure of her living kin (Jiang et al. 2025). During young adulthood (i.e., 15-25 years old), the propensity to care for younger kin decreases, but increases until the late 30s and early 40s as women give birth and have children. Then, this propensity then decreases through about age 50, at which time it rises again as grandchildren are born. Beginning in the 30s, the propensity to provide care to older kin increases until it levels out after age 40 (Jiang et al. 2025).

The timing, occurrence, and ordering of intergenerational family role transitions (e.g., becoming a (grand)parent or losing a parent) shape the type and intensity of care women provide across the life course (Hünteler 2022), e.g., her *kin caregiving burden*. For example, delayed childbearing may diminish the time spent in three-generational family structures (Hünteler 2022; Ruggles 1987), potentially easing "sandwich" caregiving pressures. Conversely, longer life expectancy may increase the propensity and duration of caring for aging parents (Hünteler 2022;

Kalmijn 2019). The experience of family bereavement, especially during adulthood, may also have a positive association with the number of children women bear, but a negative effect on the timing of births (Newmyer et al. 2025; Nobles, Frankenberg, and Thomas 2015), though evidence from Global North countries is lacking. Anticipation of caregiving demands may also have cascading effects on other kin, such as an earlier first birth among some women due to the expectation of grandchild care (Pessin, Rutigliano, and Potter 2022; Pink 2018; Rutigliano 2020), or earlier retirement among first-time grandmothers (Van Bavel and De Winter 2013).

Different types of kin can require different intensities of care across time and context (Gitlin and Wolff 2012; Schulz et al. 2016). For example, childcare intensity decreases as children age, while an older adult with dementia often require more care as their condition progresses. Importantly, however, caregiving is neither a universal experience nor one guaranteed to be high intensity. Indeed, the provision of parental care is relatively uncommon (Dukhovnov and Zagheni 2015; Swartz 2009). Rather, most intergenerational transfers in the U.S. are downward (Patterson and Margolis 2019), primarily between parents and children; this flow typically reverses when parents reach their seventies (Dukhovnov and Zagheni 2015; Kalmijn 2019; Swartz 2009).

The Racialized Life Course: Racial-Ethnic Differences in Kin Caregiving

Past work has focused on cultural and structural explanations for disparities in caregiving between Black, Hispanic, and white women. The cultural perspective argues that shared cultural values and beliefs promote higher care provision by some racial-ethnic groups (Roschelle 1997; Santoro et al. 2016), while the structural perspective emphasizes the importance of socioeconomic status and household composition in shaping caregiving demand and supply (Hill 2003; Ice 2023; Lum 2005; Peek et al. 2000; Sarkisian et al. 2007; Sarkisian and Gerstel 2004). Though often described as

opposing, many scholars integrate the cultural and structural perspectives into the "Culture-Structure Nexus" (Dow 2016a; Roschelle 1997; Sarkisian et al. 2007; Sarkisian and Gerstel 2004). This body of literature takes an intersectional approach to studying the family in which cultural values regarding caregiving responsibilities represent strategies to mitigate the effects of systemic racism and economic uncertainty.

Yet, not all studies find support for racial-ethnic differences in caregiving. Qualitative evidence suggesting that Black and Hispanic families are more involved in caregiving support are often not supported by nationally-representative quantitative data (Roschelle 1997). Accounting for kinship network composition reduces (Dukhovnov and Zagheni 2019; Sarkisian et al. 2007; Sarkisian and Gerstel 2004) or even reverses (Verdery et al. 2017) much of the gap between white and minoritized families, such that non-White older adults are less likely to either receive or give time transfers to their children than White older adults. Thus, cultural and structural explanations are insufficient to fully account for racial-ethnic differences in caregiving.

While the cultural and structural perspectives are valuable and explain many of the observed racial-ethnic differences in kin caregiving, they overlook a key mechanism: different kinship network structures across race-ethnicity. In other words, these perspectives assume that Black, Hispanic, and white women have similar caregiving demands, but do not account for differences in kinship structure and the life course timing of caregiving responsibilities. Who has kin, and what type of kin they are, are determined by the timing and occurrence of demographic processes (e.g, fertility, mortality, and family formation) across the life course. I review the literature on how racial-ethnic stratification in kinship networks and demographic processes shapes life course disparities in kin caregiving between Black, Hispanic, and white women.

Black women.

Black women tend to have children earlier, meaning Black families are likelier to span four generations that are shorter in length (Matthews and Sun 2006; Sweeney and Raley 2014; Verdery and Margolis 2016). Notably, Black women's fertility is only slightly higher than white women's (Sweeney and Raley 2014; Yang and Morgan 2003). Black women live closer to their mothers than white and Hispanic women which may facilitate parental caregiving or the receipt of grandchild care (Choi et al., 2021; Reyes et al., 2020; Spring et al., 2023). Older Black adults are likelier than their white peers to co-reside with grandchildren, which may drive their higher likelihood to receive care from family (Peek et al. 2000). By contrast, older Black adults are less likely to receive care from a spouse than their white counterparts because they are also less likely to live with one (Lum 2005). Black women experience the poor health of their parents earlier than white women (Sohn, 2024), which may lead to being "sandwiched" earlier. Black women also experience the death of family members earlier (Dixon, 2024; Sohn, 2024; Umberson et al., 2017). Black women are less likely to marry than Hispanic and white women, and those who do marry later. They are also more likely to experience marital instability than other women (Raley et al. 2015).

Prior research finds Black women provide more instrumental support, particularly childcare, for their kin than do white women (Dukhovnov & Zagheni, 2019; Sarkisian et al., 2007; Sarkisian & Gerstel, 2004). This finding is driven by the fact that they are more likely than white women to co-reside with dependent kin (Ice 2023; Rote and Moon 2018; Sarkisian et al. 2007). When their children are young, Black women are more likely than Hispanic and white women to balance high-intensity childcare with full-time paid work and adult care (Pessin and Pojman 2024). Black women also often rely more heavily on kin and members of their community for childcare (Dow 2016b, 2019).

Hispanic women.

Hispanic women begin childbearing earlier and have higher fertility than Black and white women, leading to larger kin networks characterized by many children and siblings (Reyes et al. 2021; Verdery and Margolis 2016). Hispanics are likelier to have their mothers living abroad (Choi et al. 2021; Reyes, Schoeni, and Choi 2020; Spring et al. 2023). Hispanics spend more years as grandparents than whites but have fewer years of "healthy grandparenthood" for high-quality grandchild care (Margolis and Verdery 2019). Hispanic women also have high rates of marriage and low divorce (Raley et al. 2015).

Like Black women, Hispanic women provide higher levels of instrumental support for kin than white women (Dukhovnov & Zagheni, 2019; Sarkisian et al., 2007; Sarkisian & Gerstel, 2004), also because of higher rates of co-residence with dependent kin (Ice 2023; Rote and Moon 2018; Sarkisian et al. 2007). They are also likelier than both Black and white women to forgo paid work when children are young (Pessin and Pojman 2024), though this is more common among low socioeconomic status Hispanic women. By contrast, more advantaged Hispanic women often combine paid work with motherhood (Pessin et al. 2023).

For Hispanic women, nativity and immigrant generation can be important determinants of caregiving burden. Foreign-born Hispanic caregivers provide more time-intensive care than native-born Hispanics, but are less likely to provide care overall (Rote and Moon 2018). Language and cultural barriers in healthcare access may also increase the reliance of older Hispanics on their kin for care (Santoro et al. 2016). Finally, though cultural perspectives emphasize the greater degree of familism found among Hispanics, recent work shows a sizeable proportion of Hispanic adults, particularly women, support expanding family care programs to pay for older adult care (Reyes and Patterson 2025).

White women.

White women tend to have children later than Black and Hispanic women (Fasang and Aisenbrey 2021; Matthews and Sun 2006; Pessin et al. 2023; Sweeney and Raley 2014; Yang and Morgan 2003), and in turn become grandmothers later (Seltzer and Bianchi 2013). Due to lower mortality, their kinship networks are older (Verdery and Margolis 2016). White women spend a larger part of their life with both parents alive and healthy than do Black women (Sohn 2024). Together, this may mean they spend more time "sandwiched" between young children and aging parents. White women also tend to live farther from kin than Black or Hispanic women (Choi et al. 2021; Reyes et al. 2020; Spring et al. 2023). Finally, white women marry earlier and at a higher rate than Black women, and have similar marriage rates as Hispanic women (Raley et al. 2015).

Though all women face pressure to be the "ideal" mother, white women are especially subject to intensive mothering norms which emphasize significant time investment in children's development with little support from extended kin (Damaske 2011; Dow 2019; Hays 1996). As a result, white women are more likely to combine full-time paid work with high-intensity childcare when their children are younger than five (Pessin and Pojman 2024), though other work contends that white women, especially when college-educated, combine motherhood with reduced labor force attachment (Pessin et al. 2023; Stone and Lovejoy 2019).

CURRENT STUDY

Racial-ethnic variation in caregiving cannot be fully understood without considering the demographic drivers of when caregiving responsibilities arise across the life course. The age at which women have children, how many they have, when their parents die, and the supply of other kin who could also provide care differs greatly between Black, Hispanic, and white women (Dixon

2024; Reyes et al. 2021; Schweizer and Guzzo 2020; Sohn 2023, 2024; Umberson et al. 2017; Verdery et al. 2017; Verdery and Margolis 2016). In turn, we observe that racialized women have different caregiving burdens across the life course (Fasang and Aisenbrey 2021; Pessin et al. 2023; Pessin and Pojman 2024).

This study bridges the literature on racial-ethnic stratification in women's family lives (e.g., Fasang and Aisenbrey 2021; Pessin et al. 2023; Pessin and Pojman 2024) with the burgeoning kinship demography literature (Alburez-Gutierrez et al. 2022; Alburez-Gutierrez et al. 2021) to understand the experience of kin caregiving for Black, Hispanic, and white women across the life course. I ask: How do kinship networks vary in size and structure across race-ethnicity and the life course? How does the number and relationship of kin for whom women provide care vary across race-ethnicity and the life course? Further, how does the intensity of this care vary across race-ethnicity and the life course?

To answer these questions, I propose a kinship approach to how women's experience of caregiving is stratified by race-ethnicity across the life course with the kinship matrix model developed by Caswell (2019, 2022, 2024). This mathematical demographic method allows me to incorporate race-ethnicity-specific demographic characteristics of women's kinship structure to show differences in childcare and adult care provision. Caregiving can include financial, personal care (e.g., in-kind or practical), or emotional support, though I focus on personal care. Specific roles can range from helping with household or self-care tasks (such as homework for children or helping an older adult with laundry); administering medical or health care; coordinating care and advocating on behalf of the care recipient; or acting as a surrogate regarding legal or financial decisions (Schulz et al. 2016).

DATA AND METHOD

To estimate racial-ethnic differences in kinship structures and caregiving, I leverage multiple data sources. I introduce "Focal," an average Black, Hispanic, or white woman, who is at the center of a kinship network (i.e., an egocentric network) and subject to the mortality and fertility regimes of the period.

Demographic Estimates

To model kin availability and potential care demand across the life course, I use projected age-specific fertility rates (ASFR) and survival ratios by race and Hispanic origin from 2012 (U.S. Census Bureau, Population Division 2012a, 2012b). These estimates provide the best estimates for Black, Hispanic, and white populations compared to later projections from 2017 or 2023. The male fertility schedule is adjusted upward by three years (Schoumaker 2019), meaning that for example, the ASFR for a 38-year old Black man is equal to that of a 35-year old Black woman.

Childbearing distributions, which reflect the distribution of the age at which men and women have children, are derived from pooled data from the 2015-2023 American Community Survey (ACS) which measures past-year fertility (Ruggles et al. 2024). The male distribution is again adjusted to reflect a three-year delay to the female distribution (Schoumaker 2019). Female portion at birth follows estimates by Branum et al. (2009): roughly 0.49 for Black, 0.489 for Hispanic, and 0.488 for white populations.

Caregiving Estimates

To estimate caregiving prevalence and intensity across women's life course, I pool data from the 2012-2023 waves of the American Time Use Survey (ATUS; Ruggles et al. 2024). The ATUS

records time spent on caregiving and identifies, among other characteristics, the relationship of the care recipient to the respondent. I estimate race-ethnicity- and age-specific caregiving probabilities. Then, I calculate mean weekly minutes spent caring among (i.e., caregiving intensity) those who provide care. Survey weights "wt06" and "wt20" are used to ensure population-representative estimates.

Pooling data across the COVID-19 period could be problematic, as research shows that caregiving intensity increased during the pandemic, especially for children (Carlson, Petts, and Pepin 2022; Cohen et al. 2021; Petts, Carlson, and Pepin 2021; Zamberlan, Gioachin, and Gritti 2021) and older adults (Lee et al. 2023). However, analyses of time-use during the COVID-era suggest bigger increases in categories such as leisure and phone use (Flood et al. 2022). Robustness checks excluding 2020-2021 are substantively similar.

Measures

Caregiving is measured across two dimensions: (1) prevalence, which captures the provision of care, and (2) intensity, which reflects the time input of caregiving among those who provide care. Caregiving *prevalence* indicates the number of kin for whom Focal is expected to provide care, while *intensity* reflects the average weekly minutes spent caring for each kin type among those who provide care. Prevalence is shaped by spatial proximity to kin (Verdery et al. 2017), which then shapes selection into the latter (Prickett, Martin-Storey, and Crosnoe 2015). Both dimensions present important parts of caregiving and ignoring one or the other could mask important racial-ethnic differences owing to different caregiving responsibilities across the kinship network.

Characteristics of Focal. *Race-ethnicity* includes non-Hispanic Black, Hispanic, and non-Hispanic

white women, henceforth Black, Hispanic, and white. *Age* is measured continuously from 0-100. Caregiving estimates are reported for ages 15-85+, as the ATUS surveys respondents starting at age 15 and top-codes age at 85.

Characteristics of Kin. *Type* indicates parents, siblings, children, and grandchildren.

ANALYTIC STRATEGY

Estimating Kinship Structures

To assess the role of kin availability in shaping caregiving demands, I first estimate the expected number of living kin across the life course using a two-sex, time-invariant kinship matrix model (Caswell 2019, 2022, 2024) in the R package "DemoKin" (Williams and Alburez-Gutierrez 2023). This approach accounts for the timing and occurrence of demographic processes before the inclusion of time-use data on caregiving provision. Models are estimated separately for each racial-ethnic group. This method takes fertility and mortality schedules as inputs to calculate the number of kin that Focal is expected to have between ages 0-100, thereby answering Ruggles' (1987) call for a method to determine the frequency of horizontal and vertical kin and thereby understand kinship structures.

Estimating Caregiving Prevalence and Intensity

To estimate caregiving prevalence, I multiply the number of kin Focal is expected to have at each age against her age- and kin-specific probability to provide care. Next, I estimate kin-specific caregiving intensity as the mean weekly minutes spent caregiving among women who provide care for that type. Because the ATUS recodes the ages 81-84 to age 80 (such that ages in the survey are 78, 79, 80, 85+), I divide the value for age 80 by 5 and assign this to ages 80-84.

Benefits of Approach

This approach follows previous work that examines how kinship structures shape the family life course (e.g., Adhikari and Alburez-Gutierrez 2025; Alburez-Gutierrez et al. 2021; Feng, Song, and Caswell 2024; Song and Caswell 2022). In my application, I conceptualize kin caregiving as a state in which Focal provides care for parents, siblings, children, or grandchildren. Analytically, this approach allows me to quantify racial-ethnic and life course disparities in caregiving, which includes structural differences (i.e., the number and type of kin) in the kinship network.

RESULTS

I display racial-ethnic and life course variation in kinship in a series of figures. In each figure, the age of Focal follows the x-axis. Estimates for Black women are shown in green, Hispanic in purple, and white in blue.

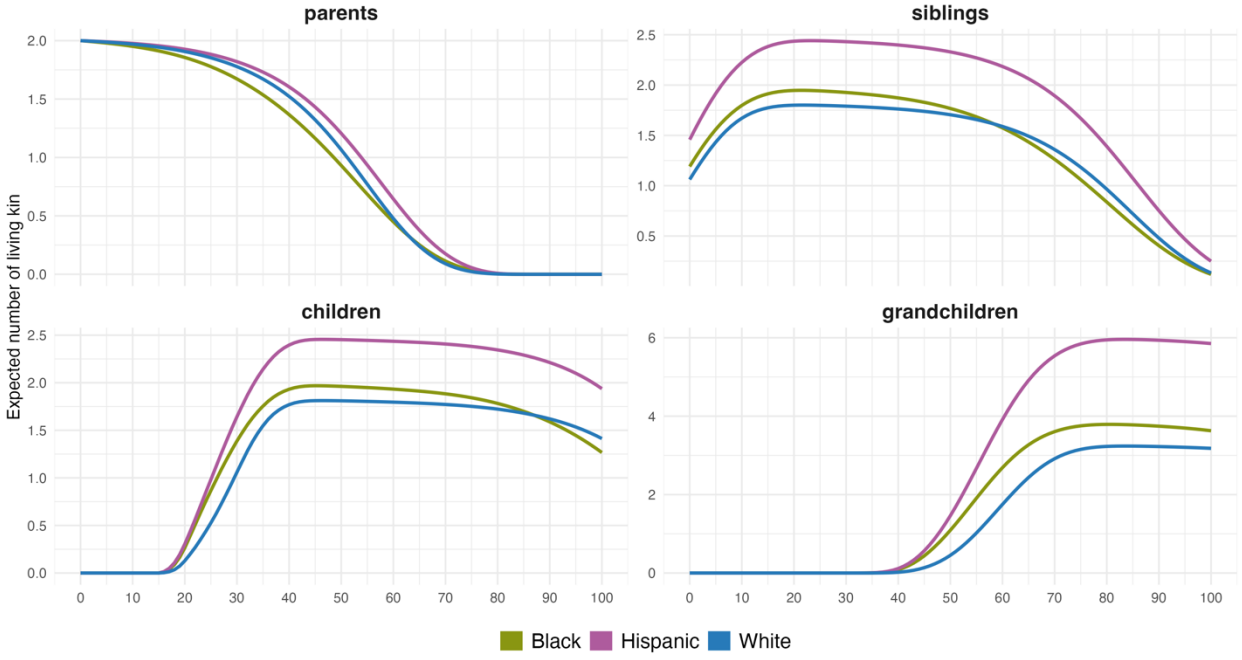
The Kinship Structures of Black, Hispanic, and White Women

I begin by showing racial-ethnic and life course differences in the expected number of living parents, siblings, children, and grandchildren (Figure 1). Several facts are evident. First, higher Hispanic fertility translates to more living kin at nearly every point in the life course and for each kin type. Second, white women's later timing of first birth is evident in when they are expected to have children and especially grandchildren.

Racial-ethnic mortality and fertility differentials work in tandem to create different kinship structures across the life course. By age 25, about one-eighth of Black women have lost a parent, whereas white and Hispanic women cross this boundary roughly 5 and 10 years later, respectively. At age 49, Black women are expected to have roughly one living parent; the same is true when

Hispanic women are 54 and when white women are 52. Across all ages, Hispanic women have more siblings, with a peak at nearly 2.5 while they are in their 20s. Turning to children, Hispanic women have the most living children across every age, with a peak of 2.5 around age 45. Black women have slightly more children than white women until about age 85, at which time higher Black mortality reverses this gap. White women's delayed childbearing relative to Black and Hispanic women is evident, as they are expected to have one child by age 30 whereas Black and Hispanic women are expected to have their first child by ages 27 and 25, respectively. Compared to Black and white women, Hispanic women are expected to have about 1.9 and 2.6 more grandchildren, respectively, after age 70. These large differences in kinship structure across the life course underscore how demographic processes shape caregiving demand across the life course.

Figure 1. Racial-ethnic differences in living kin across the life course

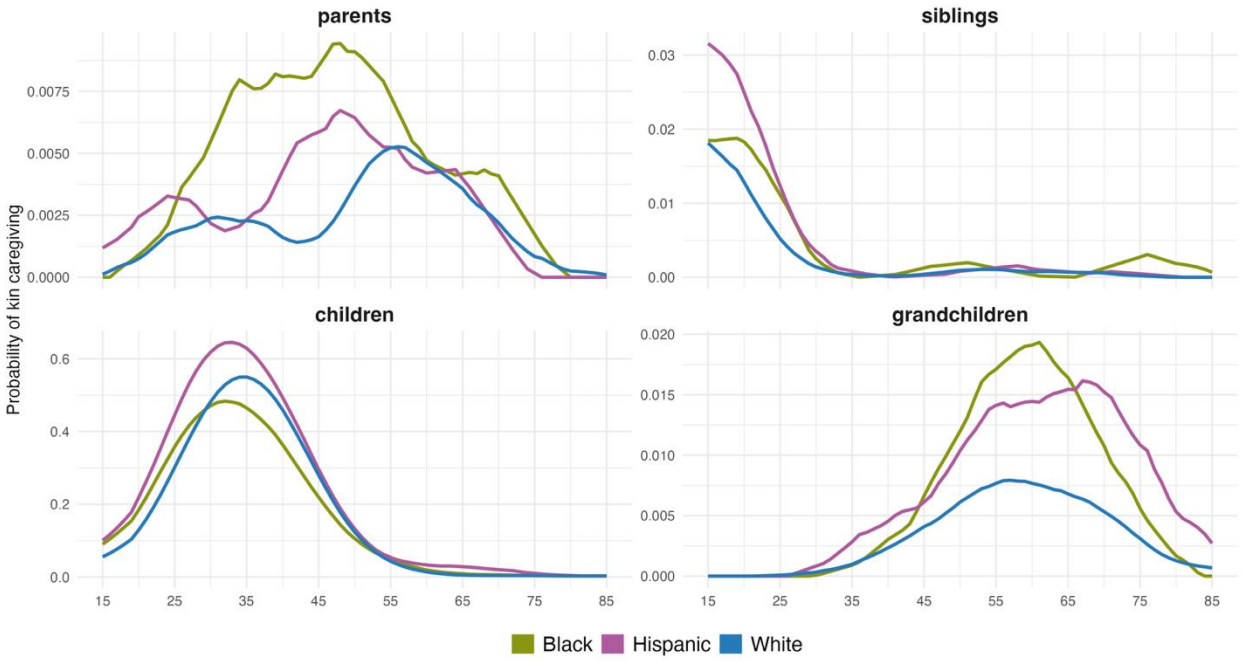


Note: Average number of living parents, siblings, children, and grandchildren across the life course of a Focal Black, Hispanic, and white woman. Mortality and fertility schedules sourced from 2012 National Population Projections, U.S. Census Bureau, Population Division.

Racial-Ethnic Stratification in Caregiving

Next, I assess differences in the probability to provide care for kin across the life course (Figure 2). At nearly every age, women are most likely to provide care to their children, but they are most likely to be providing care between the ages of 25 and 45. Next in terms of likelihood is sibling care, which is almost entirely limited to young adulthood. Next, grandchild care occurs beginning in midlife and peaks at ages 59, 69, and 57 for Black, Hispanic, and white women, respectively. Finally, the bulk of parental care occurs when women are in early adulthood through midlife and declines thereafter.

Figure 2. The life course of kin caregiving for Black, Hispanic, and white women



Note: Caregiving probabilities estimated using survey-weighted data sourced from the 2012-2023 waves of the American Time Use Survey.

From these probability distributions, I can calculate two measures that demonstrate the life course burden of caregiving (see Appendix B in the Online Supplement). Taking the area under the curve (AUC) for each probability distribution in Figure 2 provides the expected number of

years between 15-85+ that an average Black, Hispanic, or white woman will spend providing care (see Figure B1). The AUC does not differentiate by the number of kin receiving care; for example, an AUC of 16 could mean that two children each received 8 years of care, or that one child received 16 years of care. The $AUC_{Black} = 12.6$, $AUC_{Hispanic} = 16.2$, and $AUC_{white} = 12.7$, meaning that Hispanic women spend about 23 percent of the period between the ages 15 and 85 caring for kin, whereas Black and white women each spend 18 percent. Most of this life course burden is due to childcare (Table B1).

Another measure, the median age of caregiving, reflects the age at which women have completed half of their kin-specific caregiving life course (see Figure B2). Sibling care is half done in the early 20s, at 20 for both Hispanic and white women and at 22 for Black women. Next, Black women have completed half their childcare life course by age 33, Hispanic women by 34, and white women by 35. Parental care varies more: for white women, the median age is 54, compared to age 48 for Hispanic and age 47 for Black women. Finally, Black and white women are halfway done with providing grandchild care at ages 59 and 58, respectively, while Hispanic women reach that point at age 62.

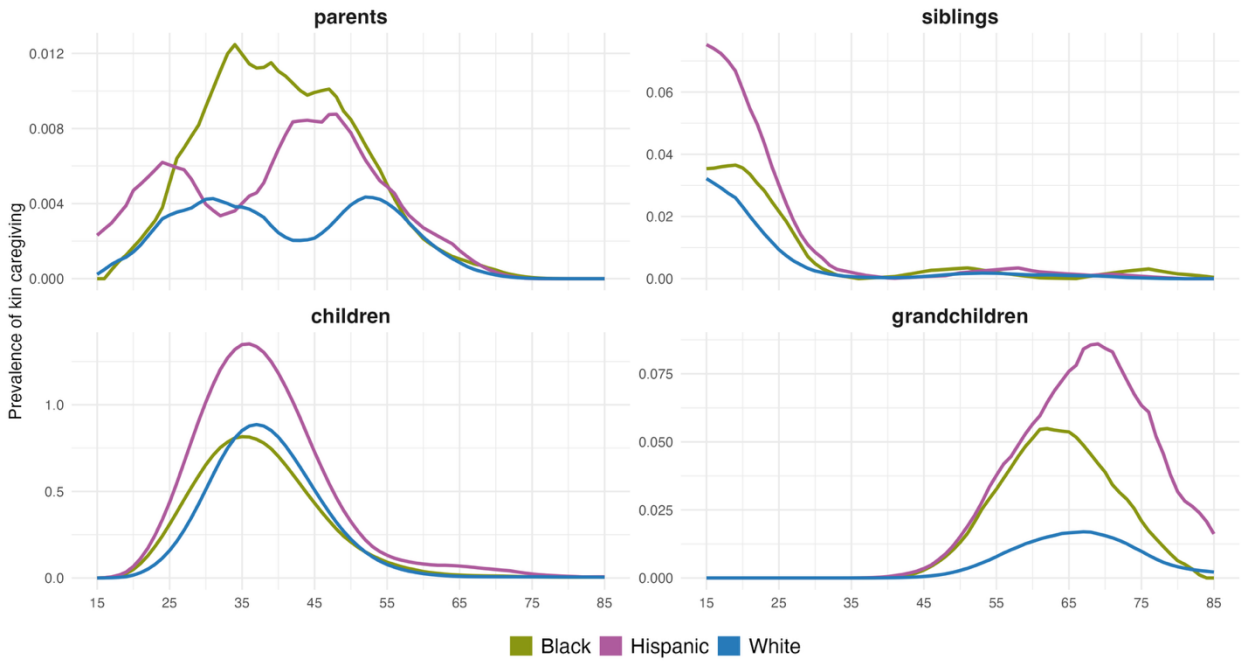
Next, I present kin- and age-specific caregiving prevalences (Figure 3). These prevalences can be interpreted as the expected number of kin for whom a woman provides care. For example, the average Black women is expected to care for 0.80 children at age 37. There are two major takeaways from Figure 4. First, the prevalence of kin caregiving varies greatly by type of kin, life course stage, and race-ethnicity. Women primarily care for children, followed by grandchildren, siblings, and then parents. Second, a great deal of the stratification in the kin caregiving burden is due to the timing of *when* women provide care. While the burden of parental care occurs when Black women are in their 30s and 40s, Hispanic and white women see two distinct periods: for

Hispanic women, this is in their 20s and 40s, whereas for white women this is between 25-40 and 45-60. White women's delayed fertility timing means they begin caring for children and grandchildren later than Black and Hispanic women.

Before 25, women primarily care for siblings and to a lesser extent parents, at which point childcare begins to dominate their lives. Childcare prevalence peaks when women are in their mid- to late 30s, though it is by far the highest among Hispanic women. Indeed, at every point of the life course, Hispanic women are expected to care for more children than are their Black and white peers. The highest prevalence for childcare is when women are in their mid-30s, though the amount varies greatly by race-ethnicity: the average Hispanic woman is expected to care for 1.35 children at age 36, whereas the average white woman will care for 0.89 children at age 37, and Black women will care for 0.82 children at age 35.

As grandchildren are born when women are in midlife, women's expected grandchild burden rises, though by a greater amount for Black and Hispanic women than white women. Noticeably, these three prevalence distributions are quite different: although Black and Hispanic women have a similar prevalence between ages 45 and 60, the highest expected number of grandchildren that a Black woman will care for is 0.05, when she is 62 years old. By contrast, this number is 0.09 grandchildren for Hispanic women, when they are 69. Finally, white women begin taking care of grandchildren much later, with a maximum of 0.02 at age 67.

Figure 3. The life course burden of kin caregiving for Black, Hispanic, and white women



Note: Mortality and fertility schedules sourced from 2012 National Population Projections, U.S. Census Bureau, Population Division. Caregiving provision estimated using survey-weighted data sourced from the 2012-2023 waves of the American Time Use Survey.

Returning to the distributional properties, I again estimate the two measures of caregiving burden. First, I find the AUC, which represents the sum of the kin caregiving burden over the life course (Figure B3). In other words, this AUC represents the expected years spent providing care, weighted by the expected number of living kin at each age. Here, I find $AUC_{Black} = 18.6$, $AUC_{Hispanic} = 30.3$, and $AUC_{white} = 16.9$. Again, Hispanic women have the highest caregiving load because they have more kin and because they are more likely to provide care. Interestingly, accounting for kinship network structure makes Black women's AUC greater than that of white women. Again, almost all this life course burden is due to childcare (Table B2).

Another measure, the median age of caregiving, reflects the age at which women have completed half of their kin-specific caregiving life course, again weighted by the structure of women's kinship network (see Figure B4). Accounting for kinship network structure has little effect on the median age of sibling care but shifts the median age of childcare up by a few years,

to 37, 37, and 38 for Black, Hispanic, and white women, respectively. In turn, the median age of parental care shifts down by almost a decade: for Hispanic women, the median age is 42, compared to age 40 for Black and white women. Finally, Hispanic and white women are halfway done with providing grandchild care at ages 68 and 66, respectively, whereas Black women reach that point at age 63.

Finally, I compare the daily intensity of caregiving across race-ethnicity and age (Figure 4). Here, racial-ethnic differences in both the timing and duration of care are evident. The highest-intensity caregiving at the population level is childcare, followed by grandchild care, sibling care, and parental care.

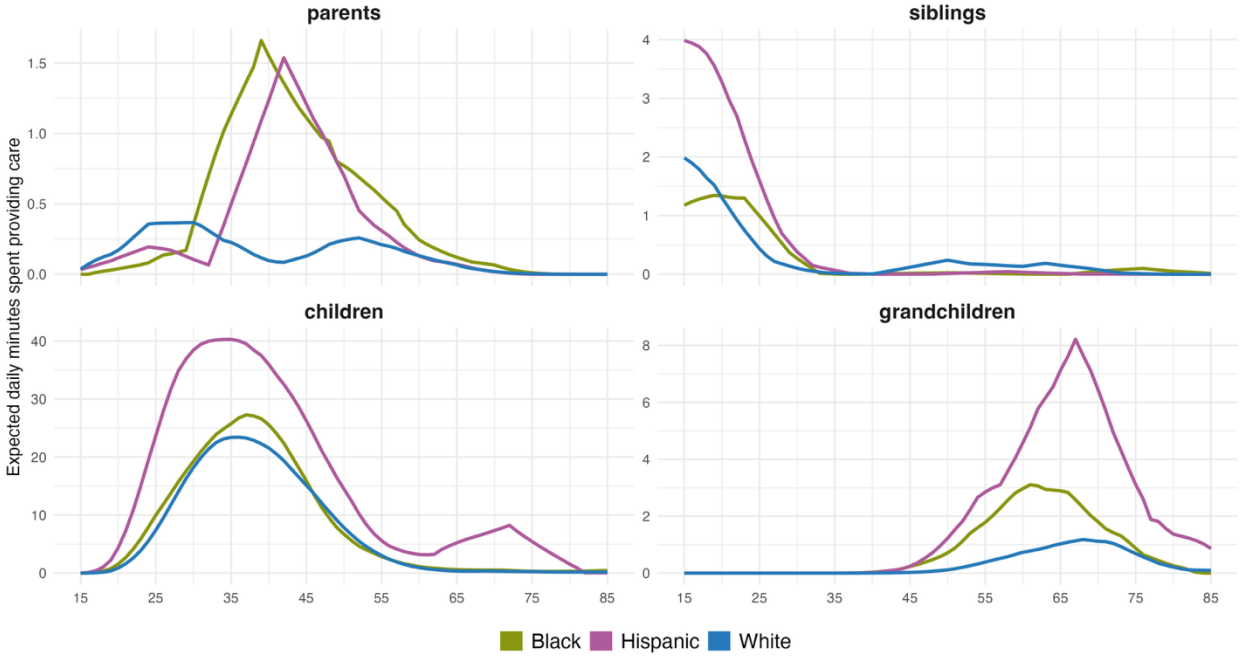
Starting with parent care, white women's daily caregiving burden is relatively stable across the life course, at around 0.25 minutes per day. Black and Hispanic women have similar patterns: a low initial burden until the early 30s, followed by a rise in intensity throughout the late 30s, and a decline thereafter. Black women peak at 1.66 minutes per day of parental care at age 39 compared to 1.54 minutes at age 42. The major difference is in timing, with Hispanic women trailing behind Black women by a few years. Sibling care is by contrast is limited to early adulthood, with Hispanic women hitting a peak of 4 minutes at age 15 compared to 2 minutes for white women at the same age.

Turning to childcare, we again see large differences in daily intensity and in when this high-intensity care is provided. Hispanic women provide the highest intensity childcare, peaking at 40.28 minutes per week age 35. Black women provide 37.37 minutes per day at age 37, whereas white women provide 23.42 minutes at age 36. Interestingly, Hispanic women have a small second wave of childcare when they are in later life.

Finally, grandchild care intensity maps well onto the prevalences. Black and Hispanic

women begin providing grandchild care several years earlier than white women. At age 67, Hispanic women provide 8.21 minutes of grandchild care each day, while Black women max out at 3.10 minutes at age 61, and white women at 1.18 minutes at age 68.

Figure 4. Racial-ethnic differences in kin caregiving intensity across the life course



Note: Mortality and fertility schedules sourced from 2012 National Population Projections, U.S. Census Bureau, Population Division. Caregiving intensity estimated using survey-weighted data sourced from the 2012-2023 waves of the American Time Use Survey.

These findings demonstrate how the prevalence and intensity of caregiving are informed by racial-ethnic differences in the timing and occurrence of demographic processes.

DISCUSSION

Informal care is the primary source of care for millions of children and adults in the United States. Though an extensive literature has documented racial-ethnic stratification in the kin caregiving burden (e.g., Ice 2023; Sarkisian et al. 2007; Sarkisian and Gerstel 2004; Verdery et al. 2017), this

study is among the first to measure the extent of this burden across the life course from a kinship perspective. Because caregiving constitutes a key part of the work-family life course (Ansari-Thomas 2024; Patterson and Margolis 2019; Pessin and Pojman 2024), understanding when disparities in care provision are largest is crucial.

A key contribution of this study is the ability to estimate racial-ethnic differences in kinship network structure and to demonstrate their importance in structuring caregiving burdens across the life course. Using mortality, fertility, and caregiving schedules and kinship matrix models, I estimate the size and structure of Black, Hispanic, and white women's kinship networks and their associated kin caregiving burden. Additionally, these mathematical demographic methods allow me to generate population-level estimates of racial-ethnic disparities in women's kin caregiving burden, which follows the precedent of conceptualizing unpaid care work as a "state" that can be modeled with respect to its duration across the life course (Ophir and Polos 2022).

A focus on just one direction of care can obscure the full extent of racial-ethnic stratification in caregiving, especially for Black and Hispanic women (Pessin and Pojman 2024). Thus, I focus on multiple directions of care: upward, to parents, horizontal, to siblings, and downward, to children and grandchildren. Though much of the caregiving literature focuses on care of older adults and, to a lesser extent, sandwich caregiving, this segmented approach obscures childcare, which I identify as the largest source of the lifetime kin caregiving burden and where racial-ethnic disparities are largest (Ice 2023; Pessin and Pojman 2024).

Indeed, I find large racial-ethnic differences in the life course burden of kin caregiving, with the largest disparities when women are in their prime working ages, echoing previous work (Damaske and Frech 2016; Patterson and Margolis 2019). Hispanic women provide the most care across their lifetimes, owing both to a higher degree of caregiving provision and having more kin

(Reyes et al. 2021; Verdery and Margolis 2016). Hispanic women's higher intensity childcare could also be because of their lower labor market attachment (Pessin and Pojman 2024), though the causal arrow may be bidirectional. Black-white differences in the kin caregiving burden are small until I account for kinship network size, resulting in a higher burden for Black than white women. This finding stands in contrast to previous work that found few racial-ethnic differences after accounting for kinship network composition (Dukhovnov and Zagheni 2019; Sarkisian et al. 2007; Sarkisian and Gerstel 2004; Verdery et al. 2017). Importantly however, my data and measures are different from these other studies.

Racial-ethnic differences in the timing of care provision, especially for child- and grandchild care, are evident, with white women providing care several years later on average due to earlier childbearing (Ice 2023; Sweeney and Raley 2014). I also identify large disparities in the timing and intensity of childcare, with Hispanic women providing higher intensity care earlier in the life course than Black and white women.

Caregiving demands can cause considerable work-family conflict. The timing and intensity of caregiving responsibilities can cause women to reduce their labor market attachment or to exit the labor market entirely (Ansari-Thomas 2024; Jacobs et al. 2019). This may occur at points in the life course when women are most able to advance in their career or educational attainment, meaning a considerable amount of lost income across the life course that further exacerbates gender and racial-ethnic inequalities (Briar and Kaplan 1990; Fasang and Aisenbrey 2021; Patterson and Margolis 2019). Returning to work after a period of family caregiving can also be difficult (Stone and Lovejoy 2019; Weisshaar 2018).

Indeed, past research has identified negative effects on economic, physical, and mental health among older adults who experience earlier intergenerational family role transitions, whereas

those with later transitions enjoy health advantages and greater wealth accumulation (Hünteler and Hank 2023; Hünteler, Nutz, and Wörn 2024). Because such transitions implicitly imply the propensity to transition to new caregiving roles, such as to provide childcare or adult care, later family role transitions serve to minimize women's caregiving burden across the life course, which may be beneficial for their ability to hold stable employment and maintain access to health care.

Though this study is implicitly focused on living kin, the death of family members is often part of the caregiving experience (Boerner and Schulz 2009; Smith-Greenaway, Verdery, and Carr 2025). Further, the death of kin is not spread evenly across the life course or between groups; in particular, Black women experience greater exposure to kin mortality (Dixon 2024; Sohn 2024; Umberson et al. 2017). Racial-ethnic disparities in the timing of and exposure to demographic events within the kinship network can compound and serve as a source of racial disadvantage (Dixon 2024; Umberson et al. 2017). Future work on caregiving and bereavement should be conducted using extensions to the kinship matrix models (Caswell, Margolis, and Verdery 2023).

Policymakers concerned about the impending "caregiver crisis" often focus on ratios of the size of cohorts. Such a focus ignores how caregiving is primarily provides informally within kinship networks (Agree and Glaser 2009; Freedman et al. 2024). Kin networks in the United States are shrinking and aging (Alburez-Gutierrez, Williams, and Caswell 2023), yet the days of the "sandwich generation" may be past (Alburez-Gutierrez et al. 2021). Further, concerns about decreasing fertility and marriage rates because of fears of a lack of caregivers may be unwarranted if life expectancy is increasing (Wiemers and Bianchi 2015). However, more recent birth cohorts are aging less healthily than older cohorts (Jivraj et al. 2020), and past work suggests that racial-ethnic disparities in caregiving may be increasing across time (Verdery et al. 2017). Policymakers should tailor future family policy with the racial-ethnic and life course disparities identified.

Changing demographic processes shape kin caregiving by determining the number and age of kin (Seltzer and Bianchi 2013), which sets a precedent for studying the long-term implications of demographic change across race-ethnicity, such as using population projections. As family size shrinks due to decreasing fertility, it will be imperative to meet care gaps with a mix of formal and informal supports (Alburez-Gutierrez et al. 2023; Verdery and Margolis 2017; Wu et al. 2024).

Limitations

There are some limitations to both the data and method chosen. A limitation of the ATUS data lies in which kin can be measured: biological (grand)children, parents, and siblings. In other words, more vertical than horizontal kin. Yet, declining fertility has led to a preponderance of vertical, rather than horizontal, kinship structures (Lam and Marteleto 2008; Laslett 1997; Ruggles 1987). Further, these models cannot identify or account for spouses or in-laws who could be providing care. However, the combined approach of kinship matrix models with ATUS data avoids potential overcounts inherent to the latter solution.

CONCLUSION

In this paper, I reorient this debate to highlight the role of demographic processes in shaping disparities in kin caregiving across the life course. This mechanism, kinship network structure across the life course, is critical in shaping when and for whom women provide care. I find that differences in when Black, Hispanic, and white women provide care are often greater than how much care they provide. My findings suggest that family policy should consider disparities in the timing of life course transitions in addition to racial-ethnic stratification in families.

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