

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

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BACKGROUND

The demography of kin caregiving

Population aging and an impending “caregiver crisis” describing a dearth of potential caregivers at the population level has obscured the fact that most care is provided informally by family members (Dukhovnov and Zagheni 2015; Jain and Sheehan 2023; Wolff and Kasper 2006). Indeed, estimates such as the “caregiver support ratio” which reflect the number of potential caregivers aged 45-64 to the population aged 80+ (Redfoot, Feinberg, and Houser 2013) ignore how care is primarily provided within kinship networks (author's forthcoming textbox). Moreover, comparisons of cohort sizes ignore how caregiving is borne disparately by women (Grigoryeva 2017; Ophir and Polos 2022; Patterson and Margolis 2019; Revenson et al. 2016). Because most caregiving is provided informally within the family, the structure of kinship networks is an important determinant of the care women provide across the life course.

Dramatic changes to the family in the previous century, combined with population aging, have left a lasting mark on kinship systems in the United States (Agree and Glaser 2009; Freedman et al. 2024; Furstenberg 2020). A lower birth rate led to smaller families, meaning individuals have fewer siblings and horizontal kin such as cousins (Lam and Marteleto 2008; Verdery 2015). Increases in longevity mean more generations of a family live concurrently, which partially counteracts smaller family sizes because living kin, though fewer in number, live longer (Agree and Glaser 2009). This increasing “kin overlap,” or the duration of time for which generations coexist, has the potential to stratify kin networks by determining the direction and quality of support transmitted between generations.

The number of living kin, length of kin overlap, and quality of kin overlap depend on the timing of demographic processes – mortality, fertility, morbidity, and family formation – which can vary across time and context (Alburez-Gutierrez et al. 2022; Margolis and Wright 2017). These demographic processes work together to create multigenerational kin structures that are important for the reproduction of socioeconomic inequality, such as by shaping the quality and duration of transfers between kin (Alburez-Gutierrez et al. 2022; Margolis and Verdery 2019; Margolis and Wright 2017; Sohn 2023, 2024; Song and Mare 2019).

Women's race-ethnicity as a stratifying mechanism of caregiving provision

Race-ethnicity stratifies demographic processes such as fertility, mortality, family formation, and morbidity. This fact is evident in racial-ethnic differences in kin availability, i.e., the age and number of living kin and spatial proximity to kin. Specifically, white Americans have older kin networks likely due to their lower mortality while Black Americans have younger kin networks, likely due to their higher fertility (Daw, Verdery, and Margolis 2016). Another way to state this is that Black Americans are more likely to have four generations of living kin, and these lineages tended to be shorter in length (Matthews and Sun 2006). This is due in part to racial-ethnic differences regarding when women become mothers (Matthews and Sun 2006; Pessin, Damaske, and Frech 2023; Yang and Morgan 2003). The timing of partnership and family formation are stratified across race-ethnicity (Fasang and Aisenbrey 2021), and work-family differences between racialized women are exacerbated by the presence of young children (Pessin and Pojman 2024).

Proximity to kin, as well as the type of support provided, varies across race-ethnicity. Black Americans live closer to their mothers while whites live further, and Hispanics are likelier to have their mothers living abroad (Choi et al. 2021; Reyes, Schoeni, and Choi 2020; Spring et al. 2023). Previous research has shown Black and Hispanic women provide more instrumental support, and specifically childcare, than do non-Hispanic white women for their kin (Dukhovnov and Zagheni 2019; Sarkisian, Gerena, and Gerstel 2007; Sarkisian and Gerstel 2004).

Mortality and morbidity disparities in kinship networks across race-ethnicity can compound and serve as sources of racial disadvantage (Umberson et al. 2017). For example, Black Americans experience the failing health and death of their parents earlier than white Americans, who instead spend a larger part of their life with both parents alive and healthy (Sohn 2024). Similarly, though Hispanics spend longer than whites as grandparents, they have fewer years of “healthy grandparenthood” in which they can make high-quality transfers to their grandchildren. Importantly, more recent birth cohorts may not see equivalent increases in healthy life expectancy, meaning that they are aging less healthily than older cohorts (Jivraj et al. 2020).

The current study

Recent advances in kinship demography have noted that Global North countries such as the United States have peaked with regards to the potential for being “sandwiched” between multiple generations who need care (Alburez-Gutierrez et al., 2021), and that kin networks are shrinking

and aging in these countries (Alburez-Gutierrez et al., 2023). I build on these studies as well as the newer literature focusing on racial-ethnic stratification in women's family lives (e.g., Fasang & Aisenbrey, 2021; Pessin et al., 2023; Pessin & Pojman, 2024). I ask: How does the number, age, and relationship of kin that women provide care for vary across race-ethnicity and the life course? To answer this question, 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, 2020, 2024). This mathematical demographic method allows me to explicitly incorporate racial-ethnic-specific demographic characteristics of women's kinship structure to show differences in childcare and adult care provision.

DATA AND METHOD

To estimate the necessary demographic rates of mortality and fertility across women's race-ethnicity, I use mortality and fertility schedules from the CDC and pool the years 2015-2023. These data are used to determine the number and age of kin across race-ethnicity. I also estimate the prevalence of caregiving across women's life course, including the age and relationship of the kin for whom she provides care, by pooling the years 2015-2023 of American Time Use Survey (ATUS).¹ Pooling these data allows me to delineate Hispanic women by foreign-born status.

Including the "Covid years" could prove an issue if there are significant differences in the number of kin for whom women provide care across the period 2015-2023. Research on the effect of Covid-19 on caregiving has found an increase in caregiver intensity, among both women providing care for children (Carlson et al., 2022; Cohen et al., 2021; Petts et al., 2021; Zamberlan et al., 2021) and those providing care for older adults (C. D. Lee et al., 2023). Analyses on changes in time use in the ATUS show larger changes in categories such as leisure, time on the phone, etc., and researchers conclude pooling data should not be an issue (Flood et al., 2022). To illustrate the sample size from the pooled 2015-2023 data, I present the following table (Table 1).

¹ Although the Panel Study of Income Dynamics (PSID) data functions as a family tree with kinship ties, these family trees are best measured for non-Hispanic Black and white women. Further, the PSID does not make it clear who is being cared for (i.e., grandchildren vs children), whereas this information is clear in the ATUS.

Table 1. Sample size of women providing care in the ATUS, 2015-2023

	Women
NH white	64,498
NH Black	11,204
Hispanic native-born	7,100

Measures

Women's race-ethnicity and nativity. Due to a greater preponderance of some racial-ethnic groups, specifically Hispanics and Asians, to have transnational kin, I measure non-Hispanic (NH) white, NH Black, and Hispanic native-born.

Women's age. Age is measured continuously from 20-85+. The ATUS top codes age at 85.

Kin caregiving burden. This measure captures the distribution (including the mean) of total kin for whom a Focal woman provides care, as well as the age and relationship to the woman. These data are obtained from the ATUS which has data on age, sex, and relationship of the person with whom the caregiving activity was performed. I ignore caregiving intensity (measured in minutes) in favor of the count of individuals for whom a woman provides care.

Proposed analytic strategy

To answer my research questions, I follow the example of Song and Caswell's (2022) application of exposure to unemployment as a property of kin and use kinship matrix modeling (Caswell, 2019, 2020, 2024). These models are "useful when the life cycle can be described in terms of size classes or developmental stages, rather than age classes" (Caswell, 2001, p. 3). In this application, I consider kin care a state. This approach allows me to show differences in which women provide care for across race-ethnicity, as well as the age and numerical distribution of those kin. Notably, these models do not account for spouses or in-laws who could be providing care. However, because I use survey data which includes observed kin counts to model kin care rather than just the kinship models, I avoid potential overcounts inherent to the latter solution.

EXPECTED FINDINGS

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.

IMPLICATIONS AND NEXT STEPS

Due to economic, social, and demographic changes over the past several decades, there has been 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). Though there has been much focus on “sandwich” caregivers who provide care to both children and parents (Alburez-Gutierrez, Mason, and Zagheni 2021; Ansari-Thomas 2024; Dukhovnov and Zagheni 2015), caregiving intensity and care receipt change across a woman’s life course (Briar and Kaplan 1990; Hünteler 2022; Patterson and Margolis 2019). Further, most intergenerational transfers in the U.S. happen between parents and children; parents give more to children until they start receiving more in their 70s (Dukhovnov and Zagheni 2015; Kalmijn 2019; Swartz 2009).

A focus on the working-age population is imperative, as they are the group most likely to be “sandwiched” between young children and aging parents who need caregiving. Thus, the fertility and mortality regimes of a society are of great importance to those of working age – small differences in either measure at the macro-level can translate to additional kin who need care at the micro-level. Concerns about decreasing fertility and marriage rates because of fears of a lack of caregivers may be unwarranted, however, if life expectancy is increasing (Wiemers and Bianchi 2015). The working-age population must balance these caregiving demands with their labor market participation, which can be especially difficult for women, who bear the burden of providing care due to traditional gender norms. Research focused on European countries has confirmed that women provide more caregiving across the lifetime than do men (Ophir and Polos 2022; Patterson and Margolis 2019), and gender gaps in caregiving are largest when women have the greatest potential for educational and career advancement (Patterson and Margolis 2019).

The major contribution of this study is that it bridges the caregiving literature with the burgeoning kinship inequalities literature. I focus on an understudied aspect of family inequality: disparities in women’s caregiving burden by race-ethnicity across the life course. Further, I examine the provision of both childcare and adult care to capture the full extent of unpaid carework that racialized women provide (Pessin & Pojman, 2024). Building on previous literature that demonstrated that structural factors such as demographic differentials and socioeconomic factors

are equally if not as important as cultural factors in determining racial-ethnic disparities in caregiving time (e.g., Dukhovnov & Zagheni, 2019; Sarkisian et al., 2007; Sarkisian & Gerstel, 2004), I argue that the demographic realities of racialized women must be considered when comparing women's caregiving burden.

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