

## **Parental Caregiving and Mental Well-being: How do Gender and Sexual Identity Matter?**

In the U.S., one in five adults provides regular, unpaid care to family and friends with serious health conditions (AARP 2020). Most caregivers tend to provide care for a parent than for spouses, friends, or other relatives. In 2020, among American adults offering care to a loved one, roughly half cared for a parent (42%) or parent-in-law (8%) (AARP 2020). Considering that most care recipients are older adults and that the American population continues to age, the number of (parental) caregivers in the U.S. will continue to rise in the next few decades.

Despite the importance of caregiving in improving care recipient's health and strengthening the care recipient-caregiver relationship, caregiving can be stressful and have negative health effects (for reviews, see Pinquart & Sörensen, 2003, 2007). Furthermore, the association between caregiving and mental health is found to be more negative among women than men (Glauber & Day, 2018; Uccheddu et al., 2019), because caregiving women are more likely to be the primary caregivers, engage in more high-intensity care (e.g., spending more time providing care), and experience more caregiving stress than caregiving men (Pinquart & Sörensen, 2006). Though insightful, current research has not fully addressed the role of sexuality in the relationship of caregiving and mental well-being. My own work on the caregiving status (i.e., whether one provides regular care to family or friends) among heterosexual, gay, lesbian, and bisexual adults shows that the women's higher caregiving rate over men is only prominent among heterosexual adults (Zhang et al., 2024). However, whether the gendered association of caregiving and mental well-being can be found among sexual minority adults is largely unknown.

Next, providing care to parents may be particularly stressful for sexual minority adults. Compared to heterosexual adults, sexual minority adults are more likely to experience rejection

from their family of origin (Needham & Austin, 2010). However, recent research also finds that sexual minority adults continue to provide care to their aging parents who disapprove of their sexual orientations (Reczek & Umberson, 2016; Washington et al., 2015). Yet, little research has explored whether parental caregiving is associated with worse mental well-being for gay, lesbian, and bisexual men and women relative to their heterosexual peers.

Taken together, this study examines the association between mental well-being (measured by poor mental health days in a month) and parental caregiving (i.e. providing care to a parent or parent-in-law vs. not providing any care) by considering the joint role of gender (i.e., man or woman) and sexual identity (i.e., heterosexual, gay, lesbian, or bisexual). The results will expand the literature on parental caregiving and its consequences on mental health in an era of population aging and increasing diversity in sexual identities.

### III. Results: Evaluation, Dissemination

Next, I present some preliminary results using data from 34 states between 2018 and 2022 from BRFSS (50 state years in total). I construct the main variables as follows. The caregiver status is based on the question: “During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?” Those who answered “No” are the non-caregivers in the sample. Those that answered “Yes” were further asked whom they were providing care for. Those who selected parent (mother, father, mother-in-law, or father-in-law) are the parental caregivers in the sample. Gender is a dichotomous measure based on the question, “Are you male or female?” Sexual identity derives from self-reported sexual identity as heterosexual, gay or lesbian, or bisexual. The main dependent variable, number of poor mental health days, is based on the question: “Now thinking about your mental health, which includes

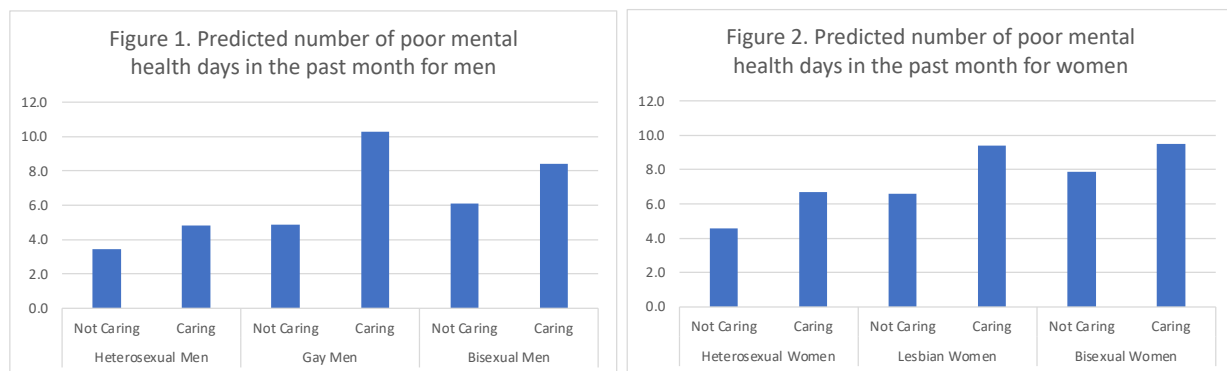
stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?”

Table 1 includes the weighted means of poor mental health days in the past month and the corresponding cell sizes (unweighted) by caregiving status, gender, and sexual identity. For both men and women, we see that the parental caregivers tend to report more poor mental health days than non-caregivers in all sexual identity groups. Gay caregivers reported considerably more poor mental health days than non-caregiving gay men (almost 5 more poor mental health days). Additionally, women tend to report more poor mental health days than their male peers.

Table 1. Weighted Descriptive Statistics by Caregiving Status (Parental Care vs. Not Providing Care), Gender, and Sexuality						
	Heterosexual Men		Gay Men		Bisexual Men	
	Non-caregiver	Caring	Non-caregiver	Caring	Non-caregiver	Caring
Poor mental health days in the past month (mean)	3.2	4.8	5.5	10.4	7.8	11.8
n	115,735	7,681	2,812	242	2,260	177
	Heterosexual Women		Lesbian Women		Bisexual Women	
	Non-caregiver	Caring	Non-caregiver	Caring	Non-caregiver	Caring
Poor mental health days in the past month (mean)	4.4	6.1	8.3	10.5	11.21	12.4
n	124,104	12,373	1,931	216	4,653	466

Next, to account for differences in the covariates (i.e., age, presence of minor children in the household, relationship status, race, educational attainment, employment status, annual household income, residential state, and survey year) by caregiver status, gender, and sexual identity, I ran negative binomial regression models to estimate the number of poor mental health days. I conducted Average Marginal Effects (AME) analysis and graphed predictive number of

poor mental health days (PMHDs) in the figures below. In Figure 1, we can see that among men, gay and bisexual men had more PMHDs than heterosexual men, regardless of caregiving status. caring for parents is associated with significantly more PMHDs for gay men (i.e., 5.4 more days; heterosexual: 1.4 more days; bisexual: 2.3 more days). Among women, the differences in PMHDs among the caregivers are not as big as those among men. Compared to their non-caregiving peers, heterosexual women caring for parents reported 2.1 more PMHDs and bisexual women reported 1.5 more PMHDs. The difference in PMHDs by caregiving status for lesbian women (2.8 days) was not statistically significant.



In sum, the preliminary results suggest that caregiving for parents seems to be associated with more bad mental health days for sexual minority men than women, which is different from the pattern found among heterosexual adults. Next, gay men caring for parents is the standout group – they reported considerably worse mental well-being relative to non-caregiving gay men, caregiving heterosexual men, and caregiving lesbian women.

Future analysis will include additional survey years to increase the analytical power. Future analysis will also consider other caregiving variables such as type of care (e.g., personal care, household care) and caregiving intensity (i.e. how long they provided the care for), which are all shown to be related to caregiving stress and mental well-being.

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