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Gender Roles and Care Giving to the Elderly: An Empirical Study[1]

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The purpose of this research was to examine care giving to the elderly from a gender role perspective. Data were collected from a randomized sample of Québec care givers (n = 294) who provide various levels of care giving to people with different kinds of impairments. The results indicate that although women provide more care than men, both experience an equivalent burden. Familial obligations (Presence of a Spouse × Presence of Children) affect men and women care givers differently. An intersex generation effect is evident with regard to professional burden: husband care givers report a greater burden than wives, whereas daughters and sons report the same level. The findings suggest that men have more difficulty assuming responsibilities associated with multiple roles, whereas women have adopted new roles in addition to the traditionally ascribed care-giving role.

The informal care giving provided by women for elderly recipients has been the focus of many American studies. These studies have depicted women's past and current contribution. The studies confirm what we already know about how women's traditional roles have evolved in Western societies. They substantiate a marked tendency for empathy, nurturance, and intimate social bonds, which has developed through the socialization of girls in our society.

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Care for the frail elderly is mainly provided by women; it is a feminist concern as it reveals potential inequity related to gender. Because the state and the community increasingly rely on informal care giving to maintain the elderly outside institutions, the care-giver role needs to be examined in relation to women's situation, and the specific difficulties associated with informal care giving must be carefully considered in public planning. Otherwise, unpaid women's work will continue to be taken for granted and many women will be caught between different and, in some ways, conflicting values pertaining to motherhood, marriage, family bonds, self-fulfillment, work, and so on.

Currently, most women who care for the elderly are between 40 and 60 years old. A question that remains to be answered is whether women now in their 30s will be as available and as willing to assist their elderly relatives as their mothers have been. To shed some light on the future availability of women, we analyzed the conclusions of previous studies on informal care giving from the perspective of women's current and future roles. The studies as a whole revealed some shortcomings. Although the majority concluded that most care givers are women and that women take on more diverse tasks than men do, there were some discrepancies in the results reported. The findings differed on the relationship between competing obligations (familial and professional) and the assistance provided to the elderly, and on the relationship between competing obligations and the burden related to care giving.

Considerable research has been undertaken on informal care giving in the United States and Europe. When we began this study, no data were available on informal care giving in the province of Québec. Our primary research objective was to compile descriptive data on the informal assistance provided by women and men in Québec, and to compare the data with existing data; our secondary objective was to examine the relationship between gender, familial and professional obligations, and care giving (levels of assistance and reported burden).

PREVIOUS RESEARCH

Gender Patterns of Assistance

The majority of informal care givers are women (Fisher, 1985; Fisher & Hoffman, 1984; Green, Creese, & Kaufert, 1979; Hawranick, 1985; Sivley & Fiegener, 1984; Stoller, 1983) and they provide more assistance than men (see Jutras & Renaud, 1987, for a review). The fact that women are consistently more involved than men in different care-giving tasks

toward their elderly relatives is consistent with their tendency to develop more intense and more intimate social relationships (Block, 1983), to be more nurturant (Barry, Bacon, & Child, 1957; Frish, 1977), to be more compassionate, and to make caring for the fulfilling commitments a greater priority than work commitments. However, the difference between the amount of care provided by women and the amount provided by men seems to vary according to the tasks carried out. Women's involvement is more pronounced for domestic activities and least for financial management (Doty, 1986; Stoller, 1983). Women are more committed to direct care giving such as providing personal care and performing household chores, whereas men provide transportation, and help with repairs, financial assistance, and advice (Heinemann, 1985; Horowitz, 1985; Rosenthal, 1987; Stoller, 1983). Assisting by interacting with formal services is the only function performed by both sexes that is explicitly documented in the literature (see Doty, 1986, and U.S. House of Representatives, 1988, for a review).

A care giver has to take on different roles concurrently; some of these roles are more likely to interfere with the assistance provided to an elderly person. In principle, a care giver's familial obligations, defined as the presence of children and/or spouse, and perhaps the responsibility of being the head of a single-parent family, may affect the level of assistance provided. It is not clear, however, whether these obligations impact men and women differently. Stoller (1983) stated that single people spend more time per month with the elderly person than people living with a spouse. Yet Cicirellli (1983) reported that, for adult children, marital disruption was associated with less assistance and fewer types of care.

According to the authors of an American study (U.S. House of Representatives, 1988), women care givers with familial obligations tend to double up on their responsibilities and reduce their spare time, rather than reduce the time devoted to providing care. Another competing obligation that might influence the amount of assistance provided by men and by women is employment status. The authors approached this issue from different perspectives. Brody (1985) and Cantor (1980) reported that occupational status was not linked to the amount of care provided by the care giver, whereas Horowitz and Dobrof (1982; cited in Doty, 1986) found that part-time but not full-time employment was inversely associated with care giving. Several researchers unearthed evidence that women's participation in the labor force diminishes their capacity to assist the elderly (Chiswick, 1976; Nardone, 1980). Yet others argued it does not (Brody, 1981). Stoller (1983), for her part, reported that employment reduces the average number of hours devoted to care giving for sons but not for daughters.

Burden Associated with Assistance

The effect of care giving on the care giver's life is a particularly important issue when informal care giving is considered as an alternative to formal care and services, or institutionalization. In what way is the care giver's gender related to the burden experienced?

For some authors, women are more likely to experience emotional strain related to care giving (U.S. House of Representatives, 1988) and to report a more negative impact on their lives. The wife care givers' situation has been the focus of some research. According to the literature, these women experience a particularly difficult time (Fengler & Goodrich, 1979; Golodetz, Evans, Heinritz, & Gibson, 1969) and are more likely than others to suffer adverse health effects (U.S. House of Representatives, 1988). They often report being worried, frustrated, sad, resigned, and impatient; however, they seem to be in better spirits when they are unemployed (Fengler & Goodrich, 1979). Compared with husband care givers, wife care givers experience more overload (Noelker & Wallace, 1985) or stress (Marcus & Jaeger, 1984). Furthermore, they experience the effects of isolation and the difficulties of providing care for an elderly spouse more than anyone else, and they also have more limited spare time and become involved in fewer activities (Noelker & Wallace, 1985).

Combining care giving for an elderly person with other responsibilities, familial or professional, may be especially difficult (Brody, 1985; Hawranik, 1985; Rosenthal, 1987). Noelker and Wallace (1985) reported that married adult children care givers who have children suffered greater deterioration in their health than single adult children care givers; they also reported that married care givers, both those with and without children, encountered more family problems.

What are the professional consequences of care giving? According to an American study (U.S. House of Representatives, 1988), in order to provide care for an elderly person, 20% of care givers has to cut back on paid hours of work, 29% rearranged their schedules, and almost 20% took time off without pay. The authors of this study stated that the wives, more than the husbands, rearranged their schedules, whereas the daughters, in comparison with the sons, were more likely to employ all three solutions.

RESEARCH QUESTIONS

On the basis of the findings highlighted in this brief review, we have formulated some research questions concerning the assistance provided to elderly care recipients:

— Do men and women provide the same amount of assistance?
— Are men and women differently committed to personal care, household tasks, and interactions with formal services?
— How do familial obligations influence the amount of care provided by the care giver? Is the pattern the same for men and women?
— Does occupational status influence the amount of care provided by the care giver?
— Do working women provide less assistance then unemployed women?

With respect to care-giver burden and gender differences, we have formulated the following questions:

— Do men and women, and particularly husband and wife care givers, experience the same amount of burden?
— Does occupational status influence the wife care givers' morale?
— How do the care givers' familial obligations influence the burden? Is the pattern the same for men and women?
— Does the care-giving situation have an effect on the care givers' professional life? If so, is the impact the same for both sexes and across generations (i.e., spousal and children care givers)?

METHODOLOGY

Sample

The data were collected in the spring of 1987 through telephone interviews lasting about 30 minutes. A randomized sample of Québec's informal care givers (N = 294) was constructed.[2] A stratified and unproportional sample model was chosen to attain the quota and probe the situation in certain regions of Québec (especially with respect to the two linguistic groups in the Montréal area). The maximum sampling error is ± 5.0% for a 95% confidence interval[3] (n = 294).

[2]Sampling was done in two stages; first, the prevalence of informal care givers in the province was determined: 2.7% of Quebeckers 18 years of age and over take care of an elderly person living in the community. Second, using this ratio, the expected quota was attained. The data were collected through a larger study in which the first author had to screen for two other target populations (see Renaud, Jutras, & Bouchard, 1987, for more details). The larger sample comprised 2113 respondents taken from a departure sample of 21,786 telephone numbers.

[3]This sampling error is computed taking into account the number of respondents: the size of the sampling error generally diminishes as the size of the sample increased (see Satin &

Subjects were categorized as primary care givers if they declared they were the care giver who helped the elderly person the most: 24.2% were the only care giver, 13.7% were primary care givers; the remaining 62.1% were secondary care givers. This is worth noting because most of the studies we reviewed included essentially primary care givers, probably because the subjects were often recruited via the elderly themselves (e.g., through adult day-care centers). Our approach, which was to locate care givers directly, encompassed a broader spectrum of conditions, i.e., different levels of responsibility and different kinds of impairment. We would like to stress that on the basis of our screening process, the secondary care givers in our study are by no means occasional care givers. Randomly produced telephone numbers and screening questions were used to select the respondents. To qualify as an "informal care giver," the respondent had to care for an elderly relative by regularly helping him or her with at least two different activities selected from a 12-item list of tasks related to activities of daily living (ADL). We screened for elderly relatives who were 65 or over, lived in the community, i.e., outside institutions, and presented some functional dependency due to serious physical handicaps, or to problems such as memory loss, severe depression, or anxiety.[4] The sociodemographic profile of the 294 care givers was representative of the general population. Women represent 67.2% of the informal care givers.

A comparison of the sociodemographic profiles of the men and women in the sample showed that women were older [$M_w = 42.83$, $M_m = 35.99$; $t(289) = 3.41$, $p \leq .001$] and less educated [$M_w = 11.05$, $M_m = 12.51$; $t(289) = 3.28$, $p \leq .001$]; in addition, a smaller proportion of women were employed (w = 26.2%, m = 61.8%; $\chi^2 = 33.5$, $p \leq .001$). Both men and women had comparable family incomes ($M = \$29{,}578$); and socioeconomic, marital, and parental status.

The "Assistance" Variable

The amount of assistance provided by the care giver was determined through a series of questions pertaining to the tasks performed on behalf of the elderly person, as well as other indicators. The tasks were related to household ADL (meal preparation, heavy housework, light housework, transportation, and escort), and personal care ADL (bathing, and getting

Shastry, 1988, for more details).

[4]A comparison of elderly women (59.2%) and men (40.8%) in our sample revealed that women were significantly more independent [$t(205.8) = 3.32$, $p < .001$], had better health [$t(271) = 3.31$, $p < .001$], and participated more in outside activities [$t(271) = -2.33$, $p < .001$] than men.

the elderly person in and out of a bed or chair). For example, if the elderly person needed assistance to prepare his/her meals, the respondent was asked, "Usually, who helps him or her to prepare meals?" If the elderly person needed assistance to wash or bathe, the respondent was asked, "Who usually helps him or her to wash or bathe?" For each of the six cases, the respondent's spontaneous answer was coded from the following list: respondent, respondent's spouse, member of the elderly person's family, friends, neighbors, someone from the CLSC (local community health and social service center), someone from the private sector, other.

The global assistance score was calculated using number of household (0–4) and personal care (0–2) ADL; recoded frequencies of visits (0–5), recoded time devoted to the elderly (0–5), financial help given (0–1), and recoded mean intensity of assistance for nine tasks (0–4). This score varies from 0 to 21, with an average of 9.94. The respondents also indicated whether they had interacted with formal services on behalf of their elderly relative (0–1).

Table I shows the indicators of assistance and the participation rates for both sexes. Means related to the global score of assistance are reported in Table II.

The "Burden" Variable

To study the various facets of the care-giving situation, we have defined and operationalized the construct of care-giver burden as a global score made up of eight indicators of the difficulties or consequences of care giving (Cronbach's alpha = .81). For each of the first two indicators, the respondent was asked, "In general, would you say that looking after this person is psychologically (physically) very easy, quite easy, quite difficult, very difficult?" For each of the remaining indicators, the respondent was asked to say whether a statement was completely true, somewhat true, somewhat false, or completely false in his/her case. For one of the indicators, for example, the statement was, "The assistance you provide means you have less time to spend with your spouse or children."

The average global burden score was 12.75 on a theoretical scale of 29 (see Table II). Table III presents percentages revealing the extent to which the care givers of each sex were affected by different problems. The impact of assistance is dealt with by means of the global burden score and, when necessary, it is divided into its components, or into two subsets: the burden in relation to personal life (5 indicators) and the burden in relation to professional life (3 indicators).

Table I. Indicators Related to Assistance Provided and Participation Rates

Indicators and response categories	% Women (n = 197)	% Men (n = 97)	Total % (n = 294)
Number of household ADL			
None	55.4	63.9	58.2
One	20.0	15.5	18.5
Two	12.5	13.3	12.7
Three	08.6	05.8	07.7
Four	03.5	01.4	02.8
Number of personal care ADL			
None	86.6	96.2	89.8
One	07.4	03.1	06.0
Two	06.0	00.7	04.2
Frequency of visits			
4 times a month or less	12.1	12.8	12.3
One or twice a week	28.6	35.2	30.8
3—5 times a week	15.6	20.4	17.2
Daily or almost	14.9	05.6	11.9
Shared living arrangement	28.5	25.7	27.4
Time devoted to the elderly			
Less than three hours a month	03.8	03.8	03.8
3–5 hours a month	03.6	14.4	07.1
6–8 hours a month	05.6	09.7	06.9
9 hours a month or more	57.6	44.6	53.4
Shared living arrangement	28.5	27.5	28.1
Financial help (previous year)			
No	89.5	87.6	88.9
Yes	10.5	12.4	11.1
Mean intensity for 9 tasks			
Shared living arrangement	31.2	27.7	30.0
First quartile	15.5	19.9	16.9
Second quartile	20.7	17.4	19.6
Third quartile	16.3	20.6	17.7
Fourth quartile	16.4	14.3	15.7
Interaction with formal services			
No	72.4	83.6	23.9
Yes	27.6	16.4	76.1

Table II. Global Scores of Assistance and Perceived Burden by Gender

Global score	Women (n = 197)	Men (n = 97)	Total (n = 294)
Global score of assistance			
Mean	10.2	9.4	9.9
SD	3.1	2.9	3.1
Global score of burden			
Mean	12.7	12.9	12.8
SD	5.0	4.7	4.9

FINDINGS

Assistance

Most of the analyses presented here are analyses of variance; however, when the homogeneity of variances was not respected as indicated by the Bartlet–Box test, the Kruskal–Wallis test (nonparametric analysis of variance) was conducted, and the results are reported by means of the chi-square symbol (χ^2).

The results indicate that women provided significantly more assistance than men. They scored higher on the composite assistance score ($F = 3.92$, $p \leq .05$) and also on the number of personal care ADL ($\chi^2 = 7.13$, $p \leq .01$). Women also reported having more interaction with formal services on behalf of the elderly than men did ($\chi^2 = 7.41$, $p \leq .01$). For all other indicators, including household ADL, there were no significant differences between men and women. Also, 30.3% of the men care givers and 41.6% of the women care givers are primary care givers. This difference is not significant.

For women, familial obligations (Presence of Spouse × Presence of Children)[5] did not diminish the global assistance they provided to the elderly person ($F = 0.10$, ns), but reduced the amount of time spent providing assistance ($\chi^2 = 11.10$, $p \leq .01$). For men, however, familial obligations (Presence of Spouse × Presence of Children) did influence the assistance they provided ($F = 5.06$, $p \leq 0.5$), as well as the time they devoted to care giving ($F = 18.37$, $p \leq .001$).

The care giver's gender, the presence of a spouse and the presence of children were simultaneously introduced as independent variables, in

[5]Spouse care givers are excluded from the series of analyses including the "presence of spouse" variable. "Presence of children" means the children (including those 18 years and older) are currently living with the respondent.

Table III. Indicators Related to the Perceived Burden and Response Rates of Care Givers

Indicators and response categories	% Women (n = 197)	% Men (n = 97)	Total % (n = 294)
Psychological difficulties[a]			
Very easy	14.9	21.1	17.0
Easy	40.7	44.0	41.8
Difficult	35.6	30.0	33.7
Very difficult	08.7	04.9	07.5
Physical difficulties[a]			
Very easy	19.5	22.2	20.4
Easy	55.5	61.9	57.6
Difficult	20.3	13.4	18.0
Very difficult	04.7	02.5	04.0
Reduction of time for spouse and/or children[a]			
N/A	11.2	16.1	12.8
Completely false	50.2	42.4	47.6
Somewhat false	12.0	20.5	14.8
Somewhat true	16.8	10.0	14.6
Completely true	09.8	11.1	10.2
Problems with other family members[a]			
N/A	02.7	01.5	02.3
Completely false	72.3	69.0	71.2
Somewhat false	13.1	16.7	14.3
Somewhat true	07.5	06.1	07.0
Completely true	04.4	06.8	05.2
Reduction of spare time[a]			
N/A	01.7	01.5	01.6
Completely false	40.1	36.7	39.0
Somewhat false	19.3	21.6	20.0
Somewhat true	25.3	27.5	26.0
Completely true	13.7	12.7	13.4
Had to quit working[b]			
N/A	20.0	09.8	16.7
Completely false	64.7	69.7	66.3
Somewhat false	09.0	15.3	11.0
Somewhat true	01.5	02.7	01.9
Completely true	04.8	02.5	04.0

(continued)

Table III. *Continued*

Indicators and response categories	% Women (n = 197)	% Men (n = 97)	Total % (n = 294)
Had to cut back on paid working hours[b]			
N/A	24.6	11.6	20.3
Completely false	59.3	66.4	61.6
Somewhat false	08.1	10.9	09.0
Somewhat true	01.9	05.9	03.2
Completely true	06.1	05.2	05.8
Had to decline responsibilities at work[b]			
N/A	26.7	15.1	22.9
Completely false	58.2	68.9	61.7
Somewhat false	10.4	09.3	10.0
Somewhat true	02.1	04.1	02.8
Completely true	02.6	02.5	02.6

[a] Personal life.
[b] Professional life.

order to clarify the pattern of influence of familial obligations in conjunction with gender. It is important to recognize that these findings must be regarded as tentative, given that the N for each cell is small: for women, with spouse and with children, 42; with spouse and without children, 8; without spouse and with children, 25; without spouse and without children, 31. For men, with spouse and with children, 19; with spouse and without children, 12; without spouse and with children, 2; without spouse and without children, 26. The Kruskal–Wallis test was performed on these data.

The results indicate that the interaction of the three factors was significant only with respect to the time devoted to the elderly person $\chi^2 = 30.50$, $p \leq .001$). Figure 1 illustrates this result and shows that the time devoted to an elderly relative by women care givers did not vary significantly according to their family status. Married fathers, single men, and women (irrespective of their family status) spent about an equal amount of time on care giving. However, single men with children and married men without children spent only a relatively limited amount of time on care-giving activities.

The care giver's employment situation (full time, part time, unemployed) significantly affected the care they provided to the elderly person ($F = 7.76$, $p \leq .001$). When the unemployed respondents were excluded from the analysis, we observed that the difference reported by Horowitz and Dobrof (1982; cited in Doty, 1986) between part-time and full-time

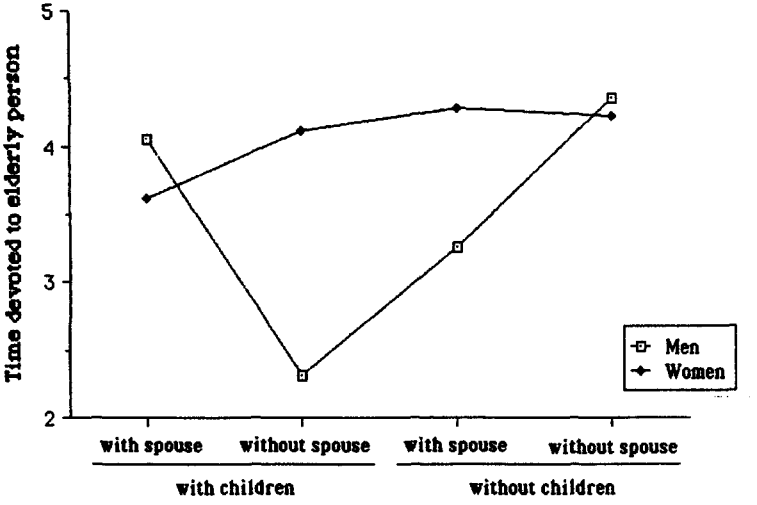

Fig. 1. Effect of the (2 × 2 × 2) interaction of care giver's sex, living with spouse, and living with children on the time devoted to the elderly person.

work was not significant ($F = 0.55$, ns). The significant effect first observed was therefore due to the care givers who were inactive in the labor force: they provided more assistance ($M_{\text{unemployed}} = 10.64$, $M_{\text{full time}} = 9.39$, $M_{\text{part time}} = 8.95$).

Upon analysis, the data on women's assistance did not support the statement that women's participation in the labor force reduces their capacity of providing elder care. Rather, the results showed that women care givers with paid employment provided as much assistance as those who were unemployed ($F = 0.94$, ns). Considering that this might depend on the composition of our sample, which comprised a majority of secondary care givers, the analysis was rerun with only primary care givers. Employment status did not have any more effect on the global assistance score for this subsample of women ($F = 3.71$; ns). In short, employed women today provide as much care for their elderly relatives as unemployed women.

Care-Giver Burden

As we have seen from the results on assistance, women provide significantly more elder care than men do. The first analysis concerning caregiver burden was run to examine how the amount of assistance provided

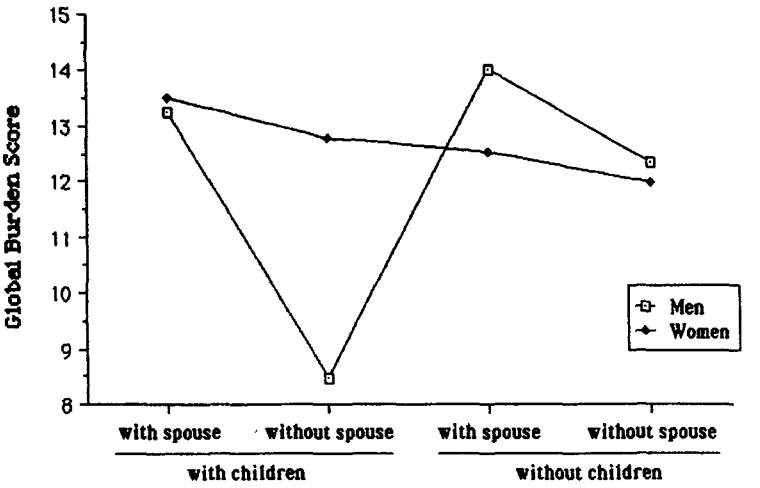

Fig. 2. Effect of the (2 × 2 × 2) interaction of care giver's sex, living with spouse, and living with children on the global burden reported.

affects the global burden experienced. A regression analysis showed that the level of assistance strongly influenced the burden ($\beta = .39$; $F = 51.43$, $p \leq .001$). Nevertheless, contrary to the expectations arising from this result, the women in our sample did not differ from the men with respect to the global burden score ($F = 0.11$, ns) or the specific indicator of psychological difficulties ($F = 3.47$, ns). Also, introducing the care giver's gender as an independent (dummy) variable along with the assistance score did not change the β weight for the assistance; hence, the care giver's gender is not a predictor of care giver burden. Concerning spousal care givers, our results showed that husbands and wives actually experienced the same level of personal burden (Ms = 10.97 vs. 8.35; $F = 3.87$, ns). Also, the analysis of the specific indicator of psychological difficulties experienced by employed and unemployed wives revealed no differences ($F = 2.19$, ns).

According to the results of the analyses of variance, the care givers' familial obligations (Presence of Spouse × Presence of Children) did not affect the global burden they reported ($\chi^2 = 5.91$, ns). Dividing the sample according to the care givers' gender revealed, however, that these familial obligations influenced the men's burden ($\chi^2 = 8.42$, $p \leq .05$), but not the women's ($\chi^2 = 7.41$, ns). Introducing the care givers' gender as an independent variable along with the presence of spouse and the presence of children leads to a significant result ($\chi^2 = 16.30$, $p \leq .05$). From the pattern

depicted in Fig. 2, women seemed to experience similar levels of burden irrespective of their familial obligations, which was not the case for men. As the previous findings related to time devoted to the elderly person, these results also have to be regarded as tentative given that the N for each cell is small.

Concerning the impact of care giving on the care givers' professional life, 9% of the care givers had to cut back on the number of paid hours of work, 5.4% had to turn down responsibilities at work, and 5.9% had to quit working to assume their care-giving responsibilities. Compared with the results of the American study described earlier, it seems as though providing elder care had a lesser effect on the professional life of the care givers in our sample. But in view of the heterogeneity of the care givers in our sample with respect to the level of care-giving responsibility, the figures from our study are significant. The analyses revealed that among the spousal care givers in our sample, more men cut back on paid working hours ($F = 24.84$, $p \leq .001$), declined additional responsibilities at work ($\chi^2 = 11.54$, $p \leq .001$), and quit working ($F = 11.87$, $p \leq .005$) in order to assist their spouse. The analyses conducted on the younger generation, i.e., adult children care givers, showed that men and women did not differ with regard to reducing the number of paid working hours ($F = 1.13$, ns), declining additional responsibilities at work ($F = 1.53$, ns), or quitting work ($F = 1.15$, ns).

DISCUSSION

Some discrepancies can be observed between the results of our study and those reached by previous studies as a whole. These discrepancies might be due to the particular composition of our sample, on the one hand, and to cultural or environmental differences, specifically the availability of formal health and social services, on the other hand. Before discussing the results, we will first consider some factors that may have contributed to these discrepancies.

Our sample is representative of the entire population of Québec — that is, it includes the complete range of subpopulations within the province. All geographical areas are represented; and various levels of care-giving responsibility, as well as care recipients with all kinds and levels of impairment, were included. Our research, therefore, differs from previous research, which was focused on either particular types of care givers (primary, secondary, spousal) or on recipients with specific impairments.

Cultural or environmental differences between the Québec and American contexts could be another reason for the observed discrepancies. Family relationships might well be different in Québec than in the United States. Furthermore, the Québec population is still relatively homogeneous in comparison with the American population, often referred to as the American melting pot. These particularities could be responsible for the different patterns or correlates of care-giver burden. Another reason could stem from the differences in the availability of formal health services. In Québec, we have free, universal health care and services. Although there is a limited number of nursing homes, access to them is not dependent on financial considerations. The main admission criteria is functional dependency. Keeping these points in mind, let us now discuss the results.

The results of our study indicate that the situation experienced by men and women care givers is not the same. Women provide more care than men; nevertheless, they both experience an equivalent burden. In fact, elder care provided by men and women differs in terms of the tasks carried out and the amount of assistance provided. Confirming the results of previous studies, our findings indicate that women do provide a greater level of global assistance. Also, more women than men interact with formal services and assist with personal case activities of daily living. Women definitely find themselves carrying out the most essential, recurrent tasks, those that must be taken care of with little or no delay, and that involve direct physical contact. Performing tasks related to personal care ADL is not only psychologically difficult, but it also involves greater physical effort.

Contrary to previous American findings, women interact more with formal services in order to obtain care for their elderly relative. Whether a cultural factor or not, this difference is not surprising. Women, who provide more care, are in a better position to identify the dependent elderly person's needs and, perhaps, their own need for respite. Also, women have been socialized from childhood to communicate and negotiate with others. Fochs Heller (1986) showed that women are responsible for making medical appointments for other members of the family. Being more capable of dealing with the tediousness of making telephone calls and accustomed to fulfilling the altruistic role expected of them, women find themselves interacting with formal services on behalf of the elderly person.

Our findings partially confirm the results of previous studies: the presence of a spouse and children reduces one's potential to assist elderly people. It is true that care givers with spouses devote less time to the elderly person; however, they provide as much global assistance as those

without spouses. The presence of a spouse does not reduce the number of tasks carried out, but limits the number of hours spent carrying them out. Tasks are performed expeditiously to save time for parental and/or spousal roles. The familial obligations associated with a spouse and children have a different effect for men and women. For women, the time spent with the elderly person hardly changes whether they live with a spouse or have children. Conversely, on the basis of the tentative findings reported previously, such conditions might affect the time men devote to the elderly person.

The similarity observed in the levels of assistance provided by employed and unemployed women may be interpreted in light of the professional commitment involved. Women care givers in our sample have an average age of 43 and several of them belong to the generation of women who stopped working after marriage, or who "returned" to the labor force later in life and for whom paid work was never an important part of their life. Many of our female respondents may well give a high priority to care giving, irrespective of their professional situation. An important question is whether things will be different when the younger generation (now between 25 and 35) reaches the age when they will be directly solicited to assist their elderly parents. The answer to this question is twofold. First, it is possible that younger women, who are more active professionally than their elders were, will resist adding elder care to their multiple roles. It can also be argued that, all things being equal, the values of providing care that are deeply instilled in girls (Frisch, 1977) will enjoin them to provide assistance regardless of personal considerations when they reach this phase of the life cycle.

In general, researchers have concluded that women experience greater care-giver burden than men and, in particular, they have specified that the burden is related to the psychological difficulties associated with the care-giving situation. Yet our results reveal no differences between men and women where these variables are concerned. The differences in the way care givers sampled may well be responsible for these dissimilarities. We suggest, however, that women do not experience a greater burden, in spite of their greater involvement, simply because they have been socialized to help others, or conversely that men experience a greater burden because for many of them it is the first time they have had to take care of someone else in such a direct and intimate manner while fulfilling household responsibilities. The burden imposed by care giving on the care givers' professional life reveals an intersex generational effect. Sons and daughters report the same level of professional burden, whereas husbands report a greater level than wives. As mentioned earlier, because these women did not invest as much as their daughters in their role as worker, they do not

experience the conflicting values and obligations that exacerbate the burden related to professional life.

Regardless of their situation, with or without a spouse and/or children, women give as much assistance and time to their elderly relative, yet report the same level of burden. The results show that men seem to have more difficulty assuming multiple responsibilities. This does not mean that women are more suited for the job, but that the care-giving role traditionally ascribed to women does not collapse when women adopt new roles, as a paid worker or as a mother of a single-parent family, for example.

A series of social, demographic, and economic transformations such as the increased divorce rate, the need for two incomes per family, women's increased professional commitment, and couples starting families later in life could all contribute to deterring women from providing elder care. In view of the current state of formal services, in order to take care of the large cohorts of elderly expected to emerge in the next few decades throughout the industrialized world, men, as well as women, will have to assume manifold roles. If not, women, as care givers, may have to refrain from making professional commitments, or may eventually experience more stress or health problems, which could also result in poorer care for the elderly, the largest proportion of whom are in fact women.

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