Role of Gender in Caregiving Burden

Shuet Ching Neong

(MBBS, PhD)

Director's Office, Hospital Pulau Pinang, Georgetown, Penang, Malaysia

Email: scneong@gmail.com

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ABSTRACT:

As the world is transitioning to an increase in the elderly, with decreasing communicable diseases worldwide, and charting an increase in Non-communicable diseases (NCDs), there is a need to adjust for caregiving burden in the society. This piece of work will focus on caregiving burden among the female gender which pose as an important public health issue that needs attention from the global society. From literature, it is shown that females are the predominant providers of informal care for family members with chronic medical conditions including dementia. Studies identified higher levels of stress and greater challenges faced by both female spousal and family caregivers. Multiple interventions cutting across globally have shown that the caregiving burden can be decreased by certain interventions for caregivers. Identified strategies include identification of caregivers in health care and workplace settings to promote political consciousness raising, collecting and reporting on data that frame caregiving as a policy problem, borrowing policies and language from overlapping fields to emulate their policy successes, and presenting supportive caregiver policies as solutions to other policy problems.

Keywords: overlapping, caregivers, interventions, consciousness

Issue/Purpose and Background

As the world is transitioning to an increase in the elderly, with decreasing communicable diseases worldwide, and charting an increase in Non-communicable diseases (NCDs), there is a need to adjust for caregiving burden in the society. An example is that the demographic aging would double the prevalence of dementia by 2050, which charts over 21 million cases. (Garrido, Teixeira, Mora-Lopez, & Sampaio, 2025) The caregiving burden can be defined as "the physical, psychological or emotional, social, and financial problems that can be experienced by family members caring for impaired older adults" (George & Gwyther, 1986). However it is only reasonable to say that the caregiving burden is not only restricted to older adults, but caregiving for any age of children or adults who need attention in their daily activities. This piece of work will focus on caregiving burden among the female gender which pose as an important public health issue that needs attention from the global society. It is noted from the Caregiver Stress Process Model which conceptualises caregiver burden as resulting from background and contextual factors, distinguishing between primary stressors - direct caregiving demands- and secondary stressors from role and intrapsychic strains (Pearlin, Mullan, Semple, & Skaff, 1990).

Relationship between determinant and health outcome

From literature, it is shown that females are the predominant providers of informal care for family members with chronic medical conditions including dementia (Xiong et al., 2020). Within the context of this review, sex represents a set of biological attributes in humans associated with physical and physiological features, while gender constitutes the socially constructed roles, behaviors, expressions and identities of girls, women, boys, men and gender diverse individuals. Studies identified higher levels of stress and greater challenges faced by both female spousal and family caregivers (Qadir, Gulzar, Haqqani, & Khalid, 2013). Qualitative studies identified a higher level of stress and challenges faced among female caregivers, they also highlighted gendered perspectives that may have contributed to the observed difference between male and female caregivers. Specifically, male caregivers began seeking help earlier and realized the importance of having time to themselves compared to their female counterparts (Johannessen, Helvik, Engedal, & Thorsen, 2017). Based on the results of another study by Kazemi et al (2021), women made up a large majority of caregivers. This is consistent with national, and international studies which have found that most caregivers are women. A possible explanation for this might be that women believe that caregiving is their role and responsibility, as caregiving of children and other family members is often undertaken by women. Furthermore, women are more emotional than men and are willing to sacrifice their social life for their family, and they request little assistance from others, even if social support is available (Kazemi, Azimian, Mafi, Allen, & Motalebi, 2021)

It is noted in a study by Neong & Rashid (2018) that the mean Quality of Life scores for the caregivers of patients with mental illness in Penang was 64.9 (SD 14.4), which showed a mediocre QOL compared to the general population. It is further noted in the study that there were 122 female caregivers, while the male caregivers were 65. This should be noted as it shows that caregiving burden usually falls on the females compared to their male counterparts (Neong & Rashid, 2018). A Korean study on caregivers in Korean nursing hospitals shows that these are typically women in their middle age or later, differing from the general age characteristics of female workers. It is noted that there is a higher QOL among those carers in the 70's compared to those in their 50's and 60's. It can be inferred that those over 70 have longer work and caregiving experience, leading to higher job proficiency. It is noted in this study that younger, female caregivers tend to have poorer QOL compared to the males and females in in the older group (Kim & Oh, 2024).

Current actions to address the issue

The Canadian government has conducted implementation research (Study A) to determine the effectiveness of newly implemented caregiver-friendly workplace policy intervention(s) across two workplaces to determine impacts on caregiver-employee health. It is hypothesized that the benefits of the caregiver-friendly workplace policy intervention(s) will include improvements in caregiver-employees' mental, psychosocial and physical health, as well as evidence of cost-benefit and cost-effectiveness for the employer (Williams et al., 2017). In another study by Cantillo et al. (2024), the implementation of measurement-based care (MBC) contributes to the rapid reduction of psychological symptoms of emotional distress. It allows decisions to be made regarding the direction of treatment. There is available evidence on implementing MBC to reduce caregiver burden in the context of psychotherapy, with particular attention to the profound impact caregiving responsibilities have on caregivers' mental health. These are efforts which have been shown to facilitate the reduction of caregivers' burden globally. In Malaysia, we had a study in 2024 by Ahmad et al., which underscores the potential of telephone-delivered psychoeducational interventions in reducing caregiver burden, psychological distress, and anxiety among family caregivers of patients with dementia. These evidences of effective interventions highlight the

need for further research to examine the most effective strategy and appropriate treatment duration to address caregiving burden effectively (Ahmad, Kabir, Tyrrell, Craftman, & Nasreen, 2024).

Recommended action

From the methods which have been in place to navigate caregivers' burden, it is noted that caregivers' burden is more pronounced in the females. Hence more actions need to be taken to tackle the gender inequality in caregiving. It is commendable that we have had telephone-delivered psychoeducation which tackle caregivers in a general context, but there needs to be more efforts such as implementation of a caregiver-friendly workplace policy in order to tackle the issue from a more upstream point of view. A study by Meyer et al. (2019) shows that identified strategies include identification of caregivers in health care and workplace settings to promote political consciousness raising, collecting and reporting on data that frame caregiving as a policy problem, borrowing policies and language from overlapping fields to emulate their policy successes, and presenting supportive caregiver policies as solutions to other policy problems (Meyer, Rath, Gassoumis, Kaiser, & Wilber, 2019). Hence policies need to be tackled to ensure a top-down approach to the more pertinent issue than just tackling caregiving burden at the downstream level.

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