Balancing Work and Older Parent Care: Implications for Caregiver Health in Italy

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Introduction and background

With improvements in mortality, a growing number of individuals in Western societies are surviving to older ages, leading to a higher likelihood of adult children facing the care need of ageing parents or parents-in-law. Additionally, since the beginning of the 2000s, many European countries have emphasized in-home care over institutionalized care (Colombo et al. 2011).
This shift results in a growing number of adults facing the responsibilities of providing informal care to older and ill family members. Moreover, due to the demographic ageing of the population structure, the working-age people responsible for both economic and care support for those in need will also decrease over time.
Based on the current body of literature, providing care is linked to negative health and well-being consequences (Bom et al. 2019; Bremer et al. 2015; Houtven et al. 2019; Pinquart and Sörensen 2003, 2007). Evidence consistently reveal that caregivers experience diminished levels of subjective well-being, psychological well-being, and self-rated overall health (Van Den Berg, Fiebig, and Hall 2014; Bremer et al. 2015; Labbas and Stanfors 2023). As caregiving intensity increases, in terms of the amount of time devoted to the role and the eventual co-residence with the individual receiving care, the adverse effects on health worsen (Houtven et al. 2019; Kaschowitz and Brandt 2017; Litwin, Stoeckel, and Roll 2014). Moreover, the perception of stress experienced by an individual in a caregiving role can be mitigated by the available social support (Pearlin et al. 1990).
Italy provides a remarkable context for investigating the evolution of informal old age care provision. Indeed, the country boasts exceptional demographic characteristics, including very high life expectancy, substantially aged population structure, and resilient family ties. Furthermore, Italy lags other EU countries, exhibiting a shortage of public care facilities. This scarcity places strain on family relationships when older parents require care (Kalmijn and Saraceno 2008; Tomassini, Cisotto, and Cavrini 2020). Moreover, in Italy, the provision of care remains a common and normative experience for adult female children, with women doing more unpaid work than men (ISTAT 2018; Keck 2011; Saraceno and Keck 2010; Zannella and De Rose 2019).
The primary objective of this study is to assess the relationship between informal caregiving and adverse health outcomes among caregivers in Italy. Our specific research objectives are as follows: (1) to determine the prevalence of old age care responsibilities within Italy; (2) to examine the correlation between providing informal care and caregivers' self-reported health (SRH) status; (3) to ascertain whether this correlation is influenced by factors such as gender and working status, and the extent of caregiving.

Data and method

We analyse data from the 2016 Survey on *Families, social subjects and life cycle* (FSS) conducted by the Italian National Institute of Statistics. Our focus is on Italian individuals aged 35-64 who may provide care to their older parents or parents-in-law. Our analytical sample consists of 9,757 respondents (50.2% men) with at least one living parent or parent-in-law and complete self-reported health information. After conducting descriptive statistics, we apply multiple logistic regression models to explore the association between intergenerational care and caregivers' health status. The outcome indicator is 'good/very good' perceived health, based on respondents' answers to the question about their general health.

We define informal caregivers as unpaid individuals providing care for family members with self-sufficiency challenges. To identify them, we employ a comprehensive approach using responses from the FSS survey. Firstly, participants are asked about their weekly caregiving to family members facing age-related, chronic illness, or infirmity challenges within their household. We then use household data to identify those who both provide this care and live with a parent or parent-in-law with reported daily activity limitations. If a respondent shares a residence with multiple family members with activity limitations, we create a binary variable for potential dual caregiving responsibility. Secondly, the survey asks about providing no-cost aids to individuals outside their household in the past 4 weeks. Respondents mainly assisting a parent or parent-in-law with tasks like healthcare, support, domestic work, companionship, and administrative tasks are categorized as caregivers. Those caring for both a co-residing and non-co-residing parent/parent-in-law are classified as 'double caring.' Finally, we gauge caregiving intensity using a categorical variable: low intensity (under 20 hours) and high intensity (over 20 hours).

Gender plays a foundational role in caregiving dynamics, and we incorporate it as a stratification variable for separate analyses. In addition, we conduct stratified analyses based on respondents' primary work conditions to explore conflicts between employment status and caregiving responsibilities. The upper age limit is set at 65, in line with Italy's statutory retirement age until recently. For respondents' characteristics, we control for variables such as age, partnership status, presence of children under 15, education level, dwelling type, area of residence, and degree of urbanization. We exclude respondents with severe limitations in daily living activities or missing information, as these limitations suggest they may rely on others for assistance. To facilitate interpretation, we calculate Average Marginal Effects (AMEs) to show how the probability of observing the outcome changes with a one-unit increase in a specific independent variable. We use weights based on population marginal distribution coefficients from ISTAT for all analyses and descriptive tables. All analyses are performed using Stata 17.

Preliminary results and discussion

Considering our focus on respondents with at least one living parent or parent-in-law (potentially engaged in intergenerational caregiving), and ensuring non-missing health status information, the caregiving proportion among respondents stands at approximately 13% (Table 1). Among caregivers, over a quarter reside with the individuals they are caring for, approximately 3% are engaged in double care, tending to more than one person, and women outnumber men. Additionally, it's worth noting that among caregivers, around one-third provide high-intensity care (more than 20 hours a week).

Important, a greater proportion of caregivers (26%) report poor self-reported health conditions compared to non-caregivers (19%). Generally (not showed in the table), caregivers report being older than non-caregivers, less likely to be partnered, and having a slightly higher proportion without children. Both groups show similar levels of education and employment status, while caregivers display a higher rate of upscale dwelling typology compared to non-caregivers.

Table 1. Sample characteristics. Weighted proportions (%) of caregiving and non-caregiving to parent(s)/parent(s)-in-law in Italy, 2016.

	Total sample (n=9,757)	Non-caregivers (n= 9,661)	Caregivers (n=1,550)
Share providing any care	13.6		
Of which			
Low intensity care			66.6
High intensity care			33.4
Coreside with the carer			24.6
Double care			2.7
Good or very good SRH	79.8	80.7	73.9

Source: Families, Social Subjects and life cycle (FSS) ISTAT, 2016, weighted data.

Table 2 presents Average Marginal Effects (AMEs) and robust standard errors obtained from logistic regression models for caregiving for parents/parents-in-law. Results confirm that unpaid caregiving for parents/parents-in-law is significantly associated with lower self-reported health status (Model 1, 2 and 3). Specifically, the Average Marginal Effects (AMEs) for women are -0.0553, and for men, they are -0.0465, both linked to the risk of caregivers reporting good health. This indicates a statistically significant 5.53 percentage point reduction for women and a 4.65 percentage point reduction for men in the likelihood of caregivers reporting good health compared to non-caregivers. When analysing care intensity, the risk of reporting good health undergoes changes and reveal a notable gender disparity. Amon women, a discernible negative link is observed for high intensity care, so that the AME of -0.0902 underscore a substantial 9% reduction in the likelihood of reporting good health, compared to women who are not engaged in caregiving. Although the outcomes lack statistical significance for low intensity care, the consistency in the direction of the association is noteworthy. Conversely, men report a significant 6% reduction (AME = -0.0616) in the likelihood of reporting good health when providing low-intensity care. However, no statistically significant association is detected for high-intensity care, despite the negative direction of the relationship.

To delve deeper into our analysis and investigate the potential 'double burden' experienced by individuals who care for someone while working, we conducted a stratified examination distinguishing between those actively participating in the labour market (employed and employable – Model 2) and those who are not (so-called inactive – Model 3). The findings reveal substantial variations in results depending on employment status, providing a nuanced perspective. Notably, caring for a parent or parent-in-law is not statistically associated with poorer health conditions in inactive respondents. However, the association remains negative and statistically significant for employed and employable respondents. It is worth noting that the magnitude of the likelihood in these cases is also greater compared to the full Model 1. These results remain consistent even when we account for caregiving intensity. Notably, for women, high-intensity care is associated with a 10% decrease in the likelihood of reporting good health, which is twice the reduction observed for low-intensity care (5% reduction).

These distinct patterns of caregiving impact underscore the imperative for in-depth exploration of differences in care intensity within the realm of caregiving. Moreover, these results underscore the necessity for heightened attention to the unique challenges faced by women, who predominantly assume primary caregiving roles, and people who balance between work and care activities. Addressing these gender and working-specific dynamics is crucial for ensuring effective support for caregivers and promoting better health outcomes.

Table 2. Average marginal effects and robust standard errors from logistic regression models for providing unpaid care to parent(s)/parent(s)-in-law and good SRH in Italy, 2016

	Full sample (Model 1)		Employed or Employable (Model 2)		Inactive (Model 3)	
	Women	Men	Women	Men	Women	Men
No care (ref)						
Any care	-0.0553***	-0.0465**	-0.0682***	-0.0472***	-0.0255	-0.0511
	(0.0190)	(0.0186)	(0.0210)	(0.0182)	(0.0363)	(0.0786)
By caregiving intensity						
No care (ref.)						
Low intensity	-0.0390	-0.0616**	-0.0592*	-0.0560**	-0.00263	-0.149
	(0.0270)	(0.0262)	(0.0310)	(0.0258)	(0.0495)	(0.109)
High Intensity	-0.0902***	-0.0265	-0.106**	-0.0429	-0.0549	0.0503
	(0.0337)	(0.0377)	(0.0430)	(0.0426)	(0.0546)	(0.107)

Source: Families, Social Subjects and life cycle (FSS) ISTAT, 2016, weighted data.
Note: ***p<0.01, **p<0.05, *p<0.10

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