

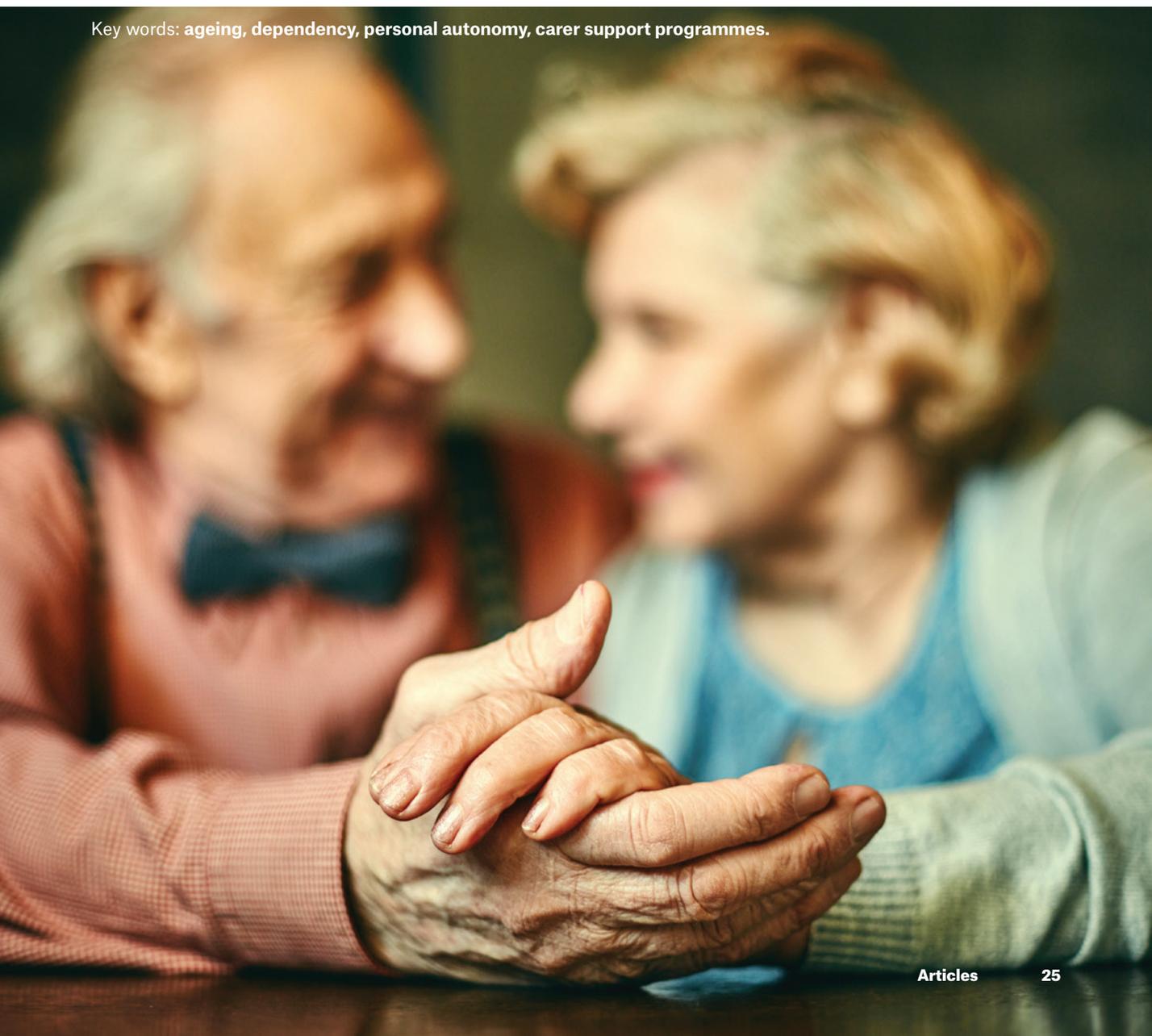
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# The new carers

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Usually it is women who take care of family members in the home, but with age, gender differences become less pronounced and, from 80 years onwards, there are more men caring for a family member – generally their partner – than women. Social and demographic changes are presenting new challenges for public services. In particular, in two-person households with elderly inhabitants, one of whom is dependent, it is necessary to tackle not only the needs of the dependent partner but also those of the carer partner. For this reason, carer support programmes are needed.

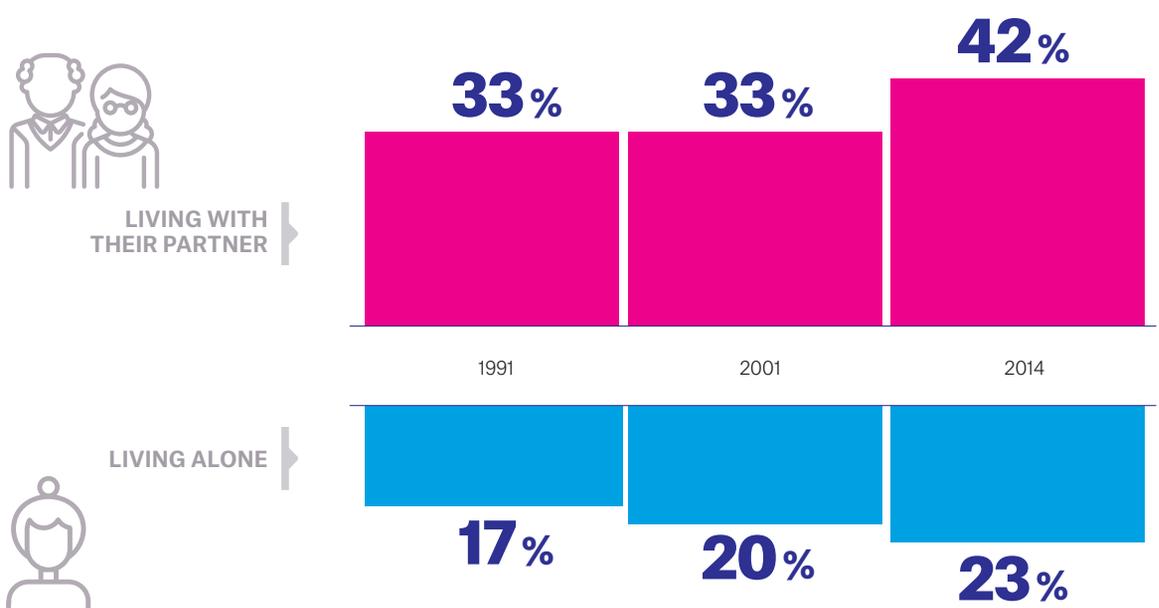
Key words: ageing, dependency, personal autonomy, carer support programmes.



If we think of someone who is a carer for family members of an advanced age, most probably the first image that comes into mind is that of a middle-aged woman caring for her parents or grandparents. In part, this stereotype corresponds with reality, but it is also true that, increasingly, the profile of the person caring for a family member is more diverse. There are four elements that explain this diversity. First, gender, because there are growing numbers of men who are carers and, in some age groups, the proportion of male carers is even higher than that of women. Second, age, because there are increasingly more carers of advanced age. Third, kinship, as although there are many carers looking after parents or parents-in-law, it is increasingly more frequent for one member of a couple to care for his or her dependent partner. And finally, that of the directions of generational connections; vertical or intergenerational (children-parents) because these are most prevalent, and horizontal or transversal (partner-partner), which are starting to acquire importance.

Behind this growing diversity in the profiles of people responsible for taking care of elderly family members, we find changes in the patterns of the families. In particular, there are increasingly more elderly people living in two-person households, in which caring for the partner is a habitual situation. It is necessary to identify the demographic characteristics of this population group and its specific needs. Households with two elderly people have to tackle a dual set of needs: those of the dependent person, firstly, and those of the carer partner, secondly. Many elderly people require attention and support, but their carers do too.

Graph 1. **Proportion of people aged over 65 years who live alone or with their partner**



Source: Population and Housing Censuses, Continuous Households Survey (INE).

### **Households where elderly people live: what has changed?**

The structure of the households of elderly people has been transformed considerably in recent decades. At the start of the 1990s, approximately half of people aged over 65 lived alone or with their partner, while the other half lived with other family members. Over time, the dimensions of households have fallen, so families with members of various generations living together are less frequent. So much so that, in 2014, 65% of elderly people lived alone or with their partner. Today, two-person households are, in fact, the most frequent among people older than 65 years and they are also the households that have most increased in recent times.

Improvements in the housing and the financial situation of elderly people have a great deal to do with these changes in household structure, but they are also influenced by the fall in mortality and the consequent increase in life expectancy. Today men and women live more years, with greater autonomy and a better quality of life than in the past. This means that partners live together more years and, therefore, give each other more support and take care of each other in the case of need or dependency.

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### **The increase in male carers**

The stereotyped idea of a middle-aged woman as principal carer of a big family is largely confirmed if we consider Spanish households in general. In all age groups there are many more female carers than male ones, above all between the ages of 45 and 65 years. In these intermediate age groups the carers – mainly women – take care above all of their parents or parents-in-law. As age advances, however, care for partners progressively increases, this being the fundamental type of care between elderly people.

Effectively, the panorama changes considerably if we focus on those households where couples live. In these two-person households, which are increasingly frequent among elderly people, partner care and support is especially relevant. With this kind of household, the number of male and female carers is much more balanced: there are practically the same number of male carers as female. In fact, in two-person households where the partners are aged over 80 years, there are more male carers (27,900 people) than female carers (20,300 people). One part of the explanation is related with the different ageing patterns of men and women. Women do, on average, live longer than men, but they need more help for daily activities than men do.

It is important to bear in mind that here we define *carer* as a person who principally cares for another person “with a disability” and that disability is understood as recognition of difficulty in any of these six basic activities: cooking, showering/bathing, lying down/getting up, dressing, going shopping and eating. The definition, therefore, is based on the answers of the people surveyed. The case may arise where there are people who feel that they are helping their partner with some of their day-to-day limitations but that do not identify these limitations with a disability or alternatively do not define themselves as a “principal carer”.

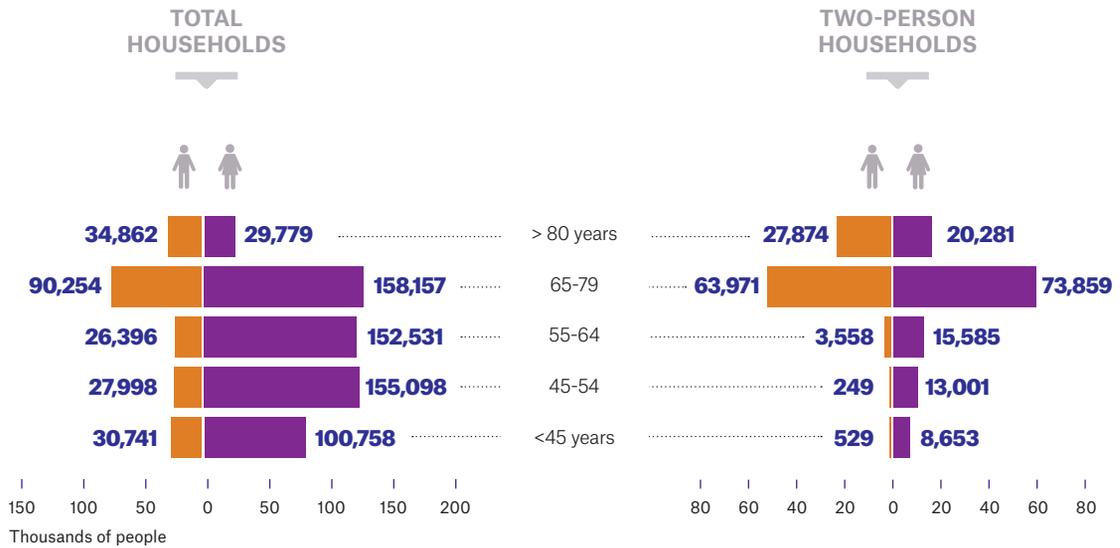
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In two-person households, which is the type of household that has increased most in recent years among elderly people, one member of the couple takes care of his or her dependent partner

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Graph 2. Profile of main carers according to types of household



The data in graphs 2 and 3 originate from a macro-survey drawn up by the INE in the year 2008, the Survey on Disability, Personal Autonomy and Situations of Dependency (AGE). It compiles information on the health, disabilities and care needs of over 250,000 people, of whom nearly 50,000 were older than 65 years.

Male carers Female carers

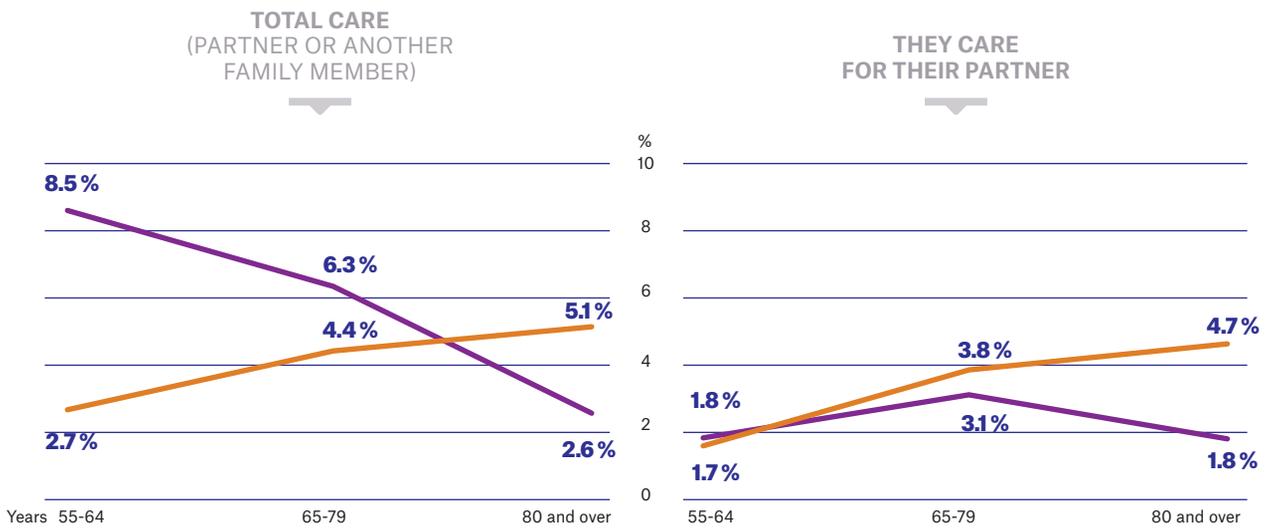
Source: Survey on Disability, Personal Autonomy and Situations of Dependency (INE).

With this precision in mind, another way of seeing these gender differences in care is by analysing the proportion of male and female carers in each age group. The proportion of male and female carers of family members gradually declines as age increases. Proportionally, there are many more women aged up to 65 years, but the differences fall with age. In fact, from 80 years onwards, there is proportionally double the number of men than women who are carers of a family member. Furthermore, if we focus attention on the partner, the proportion of male carers is even more evident. Up to the age of 65 years it is quite similar, and after the age of 65 there are increasingly proportionally more men than women who are the main carers of their partners.

In short, the data show that, effectively, care for family members within the family is taken charge of by women to a larger extent. That is true up to the age of 65 years, both in absolute numbers (total quantity of male and female carers in each age group) and in proportion (percentage of carers in each age group). However, gender differences in care for others become smaller as age increases until they invert the tendency at advanced ages: from 80 years onwards there are more male carers than female, for all types of households and in all types of care.

Graph 3. Profile of the main carers according to which person they are caring for within the family

Percentages



The data in graphs 2 and 3 originate from a macro-survey drawn up by the INE in the year 2008, the Survey on Disability, Personal Autonomy and Situations of Dependency (AGE).

Source: Survey on Disability, Personal Autonomy and Situations of Dependency (INE).

Men Women

Public services and families must take into account the needs of households with two elderly people: not only those of dependent people, but also those of their carers

### Caring for carers

Households formed by two elderly people in which one of the partners has a chronic illness and the other partner is the first's carer, are increasingly numerous. Both families and public services should be alert to this tendency. Elderly people living with a partner resort less to public services, and in the same way, public services usually prioritise the needs of elderly people who live alone. However, elderly couples in which one partner is dependent and is taken care of by the other are not only increasingly numerous, they are also highly vulnerable. In particular in countries like Spain, where informal care is very widespread and carers do not enjoy much formal support.

It is evident that elderly people with illnesses or disabilities that limit their autonomy require support. But their carers, who are often also elderly, require it too. The act of taking care of a family member in a

situation of dependency can have positive aspects related with personal satisfaction. It is no less true, however, that it can also have many negative repercussions on the wellbeing of the carers themselves, both on their social relations and on their physical and emotional state (Crespo and López, 2007). There is a broad repertoire of possible actions for supporting carers, which range from strictly educational interventions for family members, to psychoeducational guidance programmes for carers, both in an individualised and a group setting (Torres Egea *et al.*, 2008). Extending the formal care networks for elderly people is as necessary as strengthening these types of support programmes for informal carers.

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