

HELPING WHILE WORKING? WOMEN AS PROVIDERS OF CHILD AND ADULT CARE IN ITALY

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1. Introduction

Italy is one of the countries that appertain to the group of the so-called familistic system of welfare (Esping-Andersen 1990 & 1999). This means that most care is given by the family and little by the state. Such an insufficient provision of public services transfers care responsibilities to family members.

By carefully analyzing care policies in EU countries, Leitner (2003) describes the Italian performance as the one of a familism country where the shortage of both public and private care provision services is covered by families. Moreover, care provided by families has an elevated component of gendered familism, since it is mostly provided by women. Child and adult care are both part of women's daily lives in Italy. The ongoing profound socio-demographic transformations will soon increase the care-pressure of families (Künemund 2006) and, consequently, women will experience a heavier burden to informally cover the lack of public support.

Aging is well underway in Italy, one of the oldest countries in the world. The Old Age Dependency Ratio (ODR)¹ has grown steadily from 21.5 in 1990 to 35 in 2017, meaning that there has been an increase of 14 persons aged 65 and over each 100 aged between 15 and 64 in less than 30 years. According to ISTAT estimations, population aged 65 and over is expected to increase to 33% by 2050, while the ODR will reach the value of 63.

A consequence of the aging process is the increasing number of elders that won't be able to perform in complete independence their daily life activities because having a higher life expectancy does not always mean living more with better health conditions. In fact, among people over 65 more than 80% suffers from at least one chronic illness and 60% from at least two, while the percentage of individuals aged 75 and over with some functional limiting problem is around 34%. The incisive growth prospected for population aging and the predominance of

¹ The ratio between the number of persons aged 65 and over (generally economically inactive) and the number of persons aged between 15 and 64 (economically active).

a family-based welfare will result on a heavier burden of eldercare care to be covered. The care of those with poor health conditions or over 80 will probably fall on their adult daughters most of whom will be in their 50s and 60s.

But care is not only a matter of aging; it is also a matter of conciliation. The lack of conciliation measures, that could allow women combining paid employment and childrearing without facing important opportunity costs, and their growing participation to labour market activities are acting as situations that further increase the care demand, in this case of childcare. The simultaneous necessity of elderly and childcare might be adding an extra care burden to women that actively fight to entry and maintain their active role in the labour market while trying to better conciliate their work and family lives.

Elders and children are needing others to take care of them: who is responding to this call? The main purpose of this paper is to study the caring burden through inter-household transfers (self-declared help) given for free to non-co-residing people in terms of both adult and child care. In this situation an issue arises: allocating time between informal care and paid employment. The analyses include both men and women to search for gender differences in how individuals manage work and family roles when caring for non-co-resident others and in the possible opportunity costs associated to this type of care.

The structure of the paper is as follows. Section 2 presents a brief state of the art focused on the relationship between employment and care responsibilities. Section 3 describes the data, the variables and the models used in the analysis. In Section 4 descriptive analysis is presented and are discussed the results of estimated models. Conclusions follow.

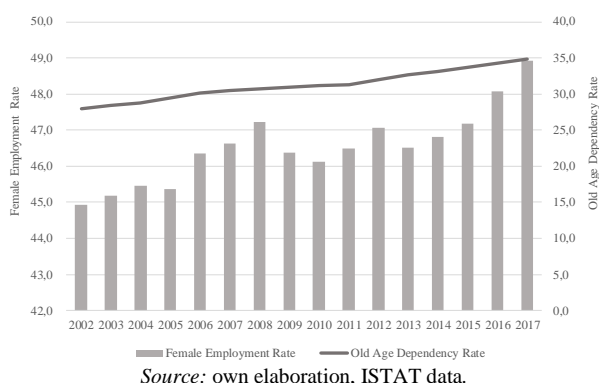
2. Brief state of the art

In Italy the care demand is expected to significantly grow due to two parallel trends that affect work-life balance (Figure 1). The first is population aging, living longer lives not always in good health conditions rise the need of people who provide elderly care. The second is not equally distributed on the territory, due to a lower employment rate of women in Southern Italy, but regards an increasing request of childcare because of female participation to labour market activities. The predominance of family-based eldercare in Italy in the context of rapid population aging and rising female employment implies that families will soon face a deeply increased burden of care.

Caregiving is always time consuming, but the expending is expected to be greater when the help is provided outside the own home (to non-co-resident others) and might further reduce the compatibility between care provided and involvement in productive activities. Subsequently, not only care providers but also their families must rearrange their responsibilities to deal with caring activities and such

rearrangements imply coping with new trade-offs. Caregiving might be a burden not free from costs: who are the informal extra-residential caregivers? which consequences for their lives?

Figure 1 – Italy. Evolution of Old Age Dependency and Female Employment Ratios. Years 2002-2017.



To date little work has been conducted about the influence of informal care on labour market participation in Europe, with the UK exception (Wolf & Soldo 1994, Ettner 1996, Spiess & Schneider 2003, Viitanen 2005, Heitmueller & Michaud 2006, Crespo 2006, Kotsadam 2011, Bolin, Lindgren & Lundborg 2008). In Italy this question has widely been ignored so far and this paper aims at partially filling this gap.

The informal caregiving-work relationship might follow two different lines of causality regarding time availability for caring or working. In the first, time must be reallocated in caring duties affecting time devoted to employment so carers are less likely to be employed than non-carers or tend to reduce work hours to provide help (Carmichael et al. 2010, Michaud et al. 2010, Moscarola 2010). In the second line, the time-consuming nature of caregiving is not an issue because care responsibilities are absorbed by those who do not work. This is a question of availability: unemployed or part-time workers have time to expend in caregiving (Dautzenberg et al. 2000). These causal links are not mutually exclusive and completely possible.

Previous research findings into informal care and labour market outcomes have been mixed and even contradictory. A first line of research has shown that caregivers are less likely to have a paid job (Pavalko & Artis 1997, Carmichael & Charles 2003, Bittman et al. 2007, Berecki-Gisolf et al. 2008, Bolin et al. 2008, Carmichael et al. 2010, Lilly et al. 2010, Nguyen & Connelly 2014) even if there are important differences among European countries (Kotsadam 2011, Viitanen 2010, Crespo & Mira 2010). On the contrary, other studies have found no evidence

of caregivers' lower levels of employment (Berecki-Gisolf et al. 2008, Leigh 2010, Van Houtven et al. 2013, Meng 2012, Lilly et al. 2010).

The effect of providing care on labour force participation seems to be negative when considering caregiving inside the household (Heitmüller 2007, Casado-Marín et al. 2011). When analyzing couples with children, García-Mainar et al. (2011) have shown that women having a higher bargaining power spend less time on childcare, but this reduction is not related to an increase on fathers' childcare time.

3. Data and methods

Data are drawn from the Family and Social Subjects Survey (FSS) carried out by ISTAT in 2009. This survey is part of a broader and integrated system of Multipurpose Surveys, being the Italian version of the classical Generations and Gender Survey (GGS). Information was collected for a total sample of 43,850 individuals clustered in 17,788 households. This is a national representative retrospective survey that not only includes the standard demographic and socio-economic questions but also introduces a complete section about the support (help) given to non-co-resident people, including family, friends and neighbors. More specifically, the survey asks interviewees about the type of help given, the nature of the principal or more important help, the person recipient of such help, and the number of times and hours spend helping others. Within the sample 39% of interviewed individuals provided at least one type of help to non-co-resident others, 53.6% of them are women. Childcare (18.9%) and adult care (10.7%) occupy the first and fourth position, respectively, on the top five main types of help provided by extra-residential caregivers in Italy.

Figure 2 shows the uneven age and sex distribution of extra-residential caregivers in Italy. The high concentration of individuals aged 65 and over among those who take care of children reflects the *grandmothers'/grandfathers' effect*. The analyses performed are centered in caregivers of working age (15-64) to control for it and exclude homemakers to avoid biases due to the relative weight of the economically inactive population.

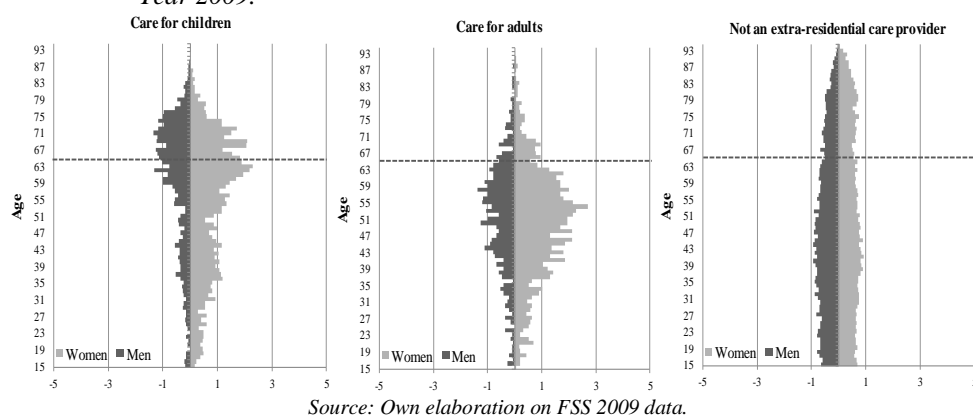
Considering that most of research on informal caregiving has been focused on women and given the importance of gender differences on extra-residential care patterns in Italy (Patimo & García Pereiro, 2017) models were run separately for men and women. The dependent variable is the condition of employment considered for each individual (Employed, not employed) as a proxy of the opportunity cost in terms of labour market activities.

Diverse socioeconomic factors influence the employment-care relationship. The first independent variable considered refers to the type of care provided to non-co-

resident others that classify individuals as adult carers, childcarers or not care providers.

Regarding cohort effects, the average age and its squared were included in the estimation, which in addition to express the effect of the individuals' ages on the division and specialization of care, also controls for the different age structure among categories of the type of care provided.

Figure 2 – Italy. Age and sex distribution by extra-residential informal care provided. Year 2009.



Source: Own elaboration on FSS 2009 data.

Education was collected in the survey as the highest level of studies completed. Models consider two levels: Primary and secondary education or less, which is the reference category; and Tertiary education, corresponding to university.

Other factors that may influence employment status of extra-residential carers are related to household characteristics. The first, is a dummy variable that indicates if the individual is married, while the second indicates that there is a child under age 18 living with the family.

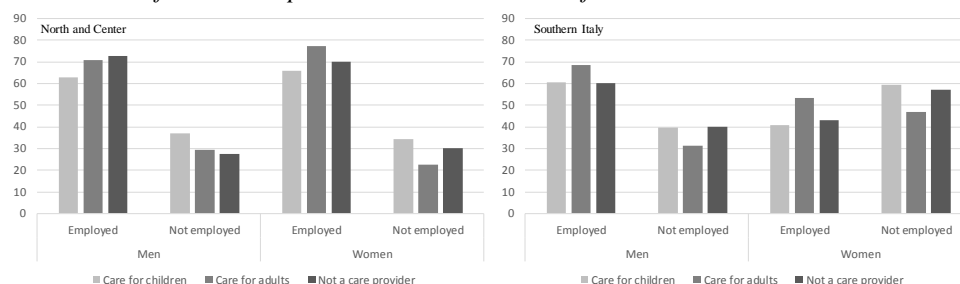
Finally, gender gaps in combining extra-residential care and employment seem to be more accentuated in Southern Italy (Figure 3). In fact, most women and men in the North and Center are employed despite of their extra-residential care responsibilities. In the South and Island, instead, not only employment is lower but also more than half of women caring for children (59.18%) or not caring are not employed (57.10%). A dummy variable that indicates whether the place of residence (Southern Italy or North and Center -reference category) was introduced to control for territorial differences that may affect the work-care-gender relationship in Italy.

Table 1 shows the percentage distribution and the average of the explanatory variables used in the analysis. A first assessment on gender differences can be observed in the percentage of carers: women care outside home more than men

independently if they are employed (m: 8.91% vs. w: 18.96%) or not (m: 9.39% vs. w: 16.68%). Moreover, the percentage of women who provide care to non-co-resident others is lower among not employed women (if compared to those employed) and almost equal among men.

Women in the sample are younger than men, and employed individuals are older than those without employment. The percentage of those with tertiary education is 1,8 times higher for employed women (21.44%) than for men (11.84%). There are also important differences between women living with co-resident children by employment status (e: 59.66% vs ne: 63.25%) if compared to men (e: 67.49% vs ne: 65.26%).

Figure 3 – Italy. Percentage distribution of employment status by extra-residential informal care provided and macro-area of residence.



Source: Own elaboration on FSS 2009 data.

Table 1 – Percentage distribution of dependent and independent variables considered in the analyses.

	Men		Women	
	Employed	Not employed	Employed	Not employed
Care for children	4.52	5.58	10.45	11.12
Care for adults	4.39	3.81	8.52	5.56
Age (mean)	42.30	37.23	40.78	34.32
Married	59.47	33.75	54.94	27.84
Tertiary	11.84	5.61	21.44	11.85
Co-resident children	67.49	65.26	59.66	63.25
Southern Italy	38.60	51.62	26.83	52.76

Source: Own elaboration on FSS 2009 data.

Only 26.83% of employed women live in Southern Italy, while among males reaches 38.60%. This value illustrates a situation with marked territorial differences: lower employment rates and greater gaps between male and female employment rates in the South and Islands if compared to the North and Center (Calamo & García-Pereiro 2014 & 2016).

4. Results

Binary logistic regression models on employment probabilities were computed separately for men (Table 2) and women (Table 3). They measure the effect of the type of extra-residential care on employment when controlling for: age, marital status, educational attainment, presence of children in the household and place of residence.

As can be seen from Table 2 adult caregivers are less likely to be employed than non-caregivers. Indeed, among men, the odds of being employed are 29% and 23% lower for those who take care of children and for adult carers, respectively, if compared to those who do not provide care. It is interesting to note that the likelihood of being employed while helping adults out of home became statistically significant when controlling for the macro-area of residence.

Table 2 – Men's employment probabilities. Results of the binary logistic regression models ($Exp(B)$ = Odds Ratio).

	1		2	
	Exp(B)	Sig.	Exp(B)	Sig.
(Not a care provider)				
Care for children	0.78	**	0.71	***
Care for adults	0.84		0.77	**
Age	1.86	***	1.87	***
Age2	0.99	***	0.99	***
Married	2.13	***	2.21	***
Tertiary	1.72	***	1.70	***
Co-resident children	0.96		1.01	
Southern Italy			0.48	***
Constant	0.00	***	0.00	***
-2 log likelihood	10014.88		9813.26	
R2	0.42		0.44	
N	10,961		10,961	

Source: Own elaboration on FSS 2009 data.

Table 3 shows that there are not differences in the employment status between women who care for adults and those who do not provide care outside home. Instead, women who take care of children have lower employment odds (27%) than not carers.

Gender differences in extra-residential care are observed only when taking care of adults, whilst both men and women who care for children are less likely to be employed than those who are not extra-residential care providers. Women seem to carry a heaviest burden because their employment probabilities do not differ from non-caregivers when they provide help to non-co-resident adults. So, they care and work simultaneously.

Once controlled for the type of informal care provided to non-co-resident others employment probabilities are positively affected by age and its squared meaning

that the effect is stronger as people get older. The odds of employment for men and women are higher among those married (2.2 & 1.5) and highly educated (1.7 & 1.5). Employment is negatively related to residing in Southern Italy: employment odds are 52% and 72% lower for men and women (respectively) living in the South and Island. The presence of co-resident children reduces women's likelihood of being employed by 11%. Models show greater employment likelihoods for men married and with tertiary education, and lower for women with children living in the household and from Southern Italy.

Table 3 – *Women's employment probabilities. Results of the binary logistic regression models (Exp(B)= Odds Ratio).*

	1		2	
	Exp(B)	Sig.	Exp(B)	Sig.
<i>(Not a care provider)</i>				
Care for children	0.82	**	0.73	***
Care for adults	1.04		0.98	
Age	1.82	***	1.86	***
Age2	0.99	***	0.99	***
Married	1.63	***	1.52	***
Tertiary	1.38	***	1.50	***
Co-resident children	0.81		0.89	***
Southern Italy			0.28	***
<i>Constant</i>	0.00	***	0.00	***
<i>-2 log likelihood</i>	7766.02		7291.01	
<i>R2</i>	0.42		0.47	
<i>N</i>	7,932		7,932	

Source: Own elaboration on FSS 2009 data.

5. Concluding remarks

The high levels of pressure that are facing the informal carers has been related not only to higher economic costs (Henretta, Grundy & Harris 2002, Pierret 2006, Wiemers & Bianchi 2015, Suh 2016) but also to physical and psychological negative health outcomes (Henretta, Grundy & Harris 2002, Do et al. 2014). These negative impacts cause the emergence of vulnerabilities among those who take care of people who are already vulnerable. Furthermore, the state and the society have completely ignored so far the economic value of informal care and the uneven distribution of care duties by age and sex (Pierret 2006, Dukhovnov & Zagheni 2015).

This study supports evidence from previous observations (Pavalko & Artis 1997, Carmichael & Charles 2003, Bittman et al. 2007, Berecki-Gisolf et al. 2008, Bolin et al. 2008, Carmichael et al. 2010, Lilly et al. 2010, Kotsadam 2011, Viitanen 2010, Crespo & Mira 2010, Nguyen & Connelly 2014). Overall, caregivers are less likely to be employed as non-caregivers even if they provide

care outside home (extra-residential). But there are important differences that deserve to be highlighted. Results show that women who care for adults also devote their time to paid work whilst women who care for children are less committed to paid employment than those who do not provide extra-residential care. There seems to be an absence of employment opportunity costs for women who care for adults: they care despite their active role in the labor market, being active in both care duties and career development and carrying a heavier burden. Nevertheless, this does not mean that they do not face other type of opportunity costs, i.e. in terms of time dedicated to work or leisure or health conditions (both physical and mental). Women's active presence at their own home, at the home of non-co-resident others who care for and in the labour market is producing not a dual but a triple burden.

Future research should consider that: first, some extra-residential care-givers will prefer to delegate its duties to formal care services, but this possibility will strongly depend on its availability and supply; second, caregivers' decisions also depend on incomes, needs and preferences of other household and non-household members; third, in Italy both men and women combine work and caring responsibilities outside home compromising employment. However, it will be interesting to test if this situation (mentally stressful, and physically exhausting) can also negatively affect caregivers' health. Fourth, extra-residential caregiving seems having a negative effect on labour market outcomes, especially for men, but it might be different when considering caring at home; fifth, allowing the effects of extra-residential caregiving to be different depending on full-time or part-time employment might show the effect of extra-residential caregiving on work hours; and finally, the gender gap in extra-residential care may be dependent upon the institutional and cultural context, thus further research should deepen geographical differences observed.

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SUMMARY

Helping while working? women as providers of child and adult care in Italy

This article analyses self-declared help given for free to non-co-residing people in terms of adult and childcare to show gender differences and associated employment opportunity costs in Italy. Using data from the Family and Social Subjects Survey (FSS) carried out by ISTAT in 2009, extra-residential care types are regressed against individual and household characteristics. Empirical results show a clear inequality pattern in inter-household care between men and women, with this disparity being more evident in Southern Italy. Women seem to carry a heaviest burden because their employment probabilities do not differ from those of non-caregivers while providing help to non-co-resident adults. Model estimates reveal that, in general, the possible work opportunity costs associated to this type of care are mainly influenced by individual characteristics and, among women, by the presence of young children in the household.

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