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When Gender Trumps Everything: The Division of Parent Care Among Siblings

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Abstract

While previous research on the gender division of family labor consistently finds that “gender trumps money,” recent studies of the gender division of parent care report a rather surprising finding – that gender itself is trumped, though not by money but by kin relations. Arguing that most gender division of parent care takes place among brothers and sisters rather than husbands and wives, this article shifts the focus from married couples to sibling networks and examines how adult children share caring responsibilities for their parents. Using a large, nationally representative dataset, the author reports direct, indirect, and structural effects of gender on parent caregiving. First, daughters provide more care to their elder parents than sons, net of other factors. Second, daughter’s caregiving appear to be more elastic than sons’ with respect to constraints and resources associated with parent caregiving. Finally, not only the focal child’s gender, but also his or her siblings’ genders appear to be important in explaining parent caregiving.
When Gender Trumps Everything:
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In 1900, the elderly – persons 65 years or older – constituted only four percent of the U.S. population. By 2010, this segment represented 13 percent of the population, about one in every eight Americans. In absolute terms, the number of elderly people has grown from 3 million to 40 million – an increase of over 1,100 percent. There are more elderly Americans today than ever before and the number is expected to grow in the future (Federal Interagency Forum on Aging-Related Statistics 2012). As a fundamental demographic transformation, the graying of the American population has sweeping social, economic, and geopolitical implications (Jackson and Howe 2008). One that has received wide attention both in academia and among the general public is the growing demand for elder care.

For most of the nation’s history, across all socioeconomic levels and within all racial and ethnic groups, elder care has been a family affair largely carried out by women (Bookman and Kimbrel 2011). However, recent socio-demographic trends have important implications for the relative caregiving roles of women and men. The widespread entry of women into the labor market has challenged the view of women as caretakers for the home and family (Shelton and John 1996). The concurrent erosion of wages for men has undermined their ability to be the main family breadwinner (Lewis 2001). Labor market participation has also reduced women’s availability to provide care. Although fertility decline has helped free up time for women to participate more extensively in paid employment outside the home, it has also reduced the number of adult children available to help aging family members. The renegotiation of traditional gender roles, combined with the demographic trends, has led to an increase in expectations that men should collaborate in the care for the elderly.

This paper explores the gender division of elder care responsibilities. While previous research on the gender division of family labor consistently finds (albeit details vary) that “gender trumps money” (Bittman et al. 2003: 209), a few recent studies of the gender division of parent care report a rather surprising finding that gender itself is trumped, not by money but by kin relations and obligations (for example, Szinovacz and Davey 2008; Henz 2010). In particular, the division of parent care between husbands and wives was found to be governed predominantly by the kin relationship, with both wives and husbands providing more care to
their own parents than to parents-in-law. Although it might be tempting to interpret these findings as indicative of gender equality in elder care, they also imply that most gender division arrangements of elder care take place among siblings – sons and daughters – rather than between spouses – husbands and wives. Therefore, this study shifts the focus from married couples to sibling groups in order to explore the gender division of parent care and focuses on how adult brothers and sisters share caring responsibilities for their elder parents.

My research is guided by the housework perspectives, which I adapt to elder care and extend to sibling groups, and also complements them with social gerontological theories. My analyses reveal multiple effects of gender on parent caregiving: direct, indirect, and structural. First, daughters provide more care to their elder parents than sons, net of other factors. Second, daughters’ caregiving appears to be more elastic than sons’ with respect to time availability, relative resources, and intergenerational transfers. Finally, I find that not only the focal child’s gender, but also his or her siblings’ genders are important in explaining the focal child’s parent caregiving.

This work is important because it documents the consequences of large-scale demographic changes for gender inequality in the domestic division of labor. As gender differences in housework time have narrowed over the past several decades (Bianchi et al. 2000; Sayer 2005), gender inequality might be growing in other domains of family life – in particular, in time spent on elder care. Generating additional stressors on contemporary families, care of elderly parents contributes to an uneven division of unpaid household labor between men and women and implies that women do much more “invisible” work than what has been suggested by previous research on the gender division of unpaid domestic labor (Hochschild 1989). By documenting the patterns of gender division of parent care among siblings, this paper contributes to the literatures of gender, family, economic sociology, inequality, and social gerontology, as well as burgeoning scholarship on care work, and offers important policy implications.

The paper proceeds as follows. I begin by reviewing trends in elder care in the United States and discussing implications for social inequality and well-being. Next, I provide further rationalization for the shift of research focus from married couples to sibling networks. Then, I discuss theoretical perspectives on the gender division of elder care and review prior research. Finally, I turn to my data and methods and describe the empirical results. The conclusion follows.
BACKGROUND: WHO CARES AND WHY CARE?

Elder Care in the United States

Close to 11 million elders need assistance, broadly defined as help with at least one aspect of independent living (Johnson and Wiener 2006), and the number is expected to grow in the future (Folbre 2012). Moreover, the combination of population aging, health trends, and fertility decline suggests that the need for elder care will increase relative to child care and is likely to result in a shift toward care for adults rather than children\(^1\) (Folbre 2012). American adults nowadays may have more elder relatives in need of care than children, and are increasingly found to spend more years on elder care than child care (Bookman and Kimbrel 2011).

Most older people – and especially those with disabilities and frailties – do not qualify for subsidized services and cannot afford to pay for care themselves (Bookman and Kimbrel 2011). In addition, seniors often prefer to stay in their own homes and live in the community (Johnson and Wiener 2006). As a result, most elder care in the United States is provided in the home by (unpaid) family helpers. Moreover, even when paid care is provided, many frail elderly continue to enjoy some assistance from family members, who complement, coordinate, and monitor the paid care being provided (Bookman and Kimbrel 2011). A recent empirical estimate\(^2\) shows that more than 90 percent of elder care recipients rely on unpaid family assistance, either alone or in combination with paid care (Johnson and Wiener 2006).

Elder Care and Well-Being

Elder care in general, and the gender division of elder care in particular, are of social concern because it entails substantial consequences, both positive and negative, for the well-being of care recipients and caregivers, with far-reaching implications for inequality. As one of

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\(^1\) The combined effect of longer life expectancies and delayed childbearing might lead to the so-called “sandwich” generation of caregivers – those taking care of elderly parents while raising young children (Folbre et al 2012, Bookman and Kimbrel 2011). However, empirical estimates suggest that relatively few individuals provide care and support to children and to parents simultaneously (Seltzer and Bianchi 2013). More often, child care and elder care occur sequentially rather than simultaneously (Colello 2009).

\(^2\) Estimates vary depending on the definition of care, time period, and survey design used for the estimation (for a more technical discussion, see Folbre 2012).
the most vulnerable groups in the population (Johnson and Wiener 2006), the frail elderly clearly enjoy extensive benefits of receiving care. For caregivers, providing care also often imparts positive repercussions in the form of intrinsic emotional rewards (Silverstein and Giarrusso 2010; Folbre 2012) and economic benefits such as greater inheritance (Zelizer 2005a).

However, elder caregiving can impose substantial burdens and costs on care providers. Numerous empirical studies report negative mental and physical health consequences of elder caregiving, including even higher mortality rates (for a review, see Folbre 2012). Caregiving responsibilities may have an adverse effect on marital quality (Silverstein and Giarrusso 2010) and undermine family members’ relationships with one another (Zelizer 2005a; Silverstein and Giarrusso 2010). To meet care demands, caregivers often have to sacrifice free time and/or make labor-market adjustments (Bookman and Kimbrel 2011). Research on the motherhood penalty suggests that time reallocated from paid employment to family care has a significant and long-lasting negative effect on future earnings (Correll, Benard, and Paik 2007) and retirement security. Care for the elderly, however, may have fewer adverse consequences for lifetime earnings, as it tends to come later in the life cycle than care for children. In addition to a loss of potential labor-market earnings, providing elder care can pose a significant financial burden on caregivers in the form of direct expenses, as they pay for the goods and services provided to their care recipients (Colello 2009). Importantly, numerous negative effects associated with elder caregiving are far more prevalent among female caregivers than among their male counterparts (Bookman and Kimbrel 2011). In other words, not only do women provide more parent care than men, but they also suffer from higher costs of parent caregiving than their male counterparts.

FROM SPOUSES TO SIBLINGS

Research on the gender division of unpaid domestic labor has been largely focused on how spouses share housework (for example, Brines 1994; Bittman et al. 2003) and only recently turned to parent care (Szinovacz and Davey 2008; Henz 2010). Following well-established tradition, the few empirical studies of the gender division of parent care focus on how husbands and wives divide caring responsibilities for their parents. These studies find that kin relationships, rather than gender, play the dominant role in the division of care between spouses,
with both wives and husbands being more frequently involved and providing longer hours of care for their own parents than for parents-in-law.

While nuclear families address housework needs independently (Szinovacz and Davey 2008), parent care crosses familial boundaries as it implies both sets of parents, i.e., husband’s and wife’s parents. Although children-in-law may provide care to their elderly parents-in-law, more often they are not involved at all or play a relatively supporting role when the care needs are higher (Henz 2009; Shuey and Hardy 2003). Several factors serve to attenuate the relationship between children-in-law and parents-in-law. Filial responsibilities to parents-in-law evoke lower obligations than to consanguineal kin in comparable positions, although they are still quite strong (Rossi and Rossi 1990). The relationship between children-in-law and parents-in-law is not based on an unalterable blood linkage; rather, it is contingent on the child-in-law’s relationship with the spouse, and thus can be potentially dissolved in the case of divorce (Merrill 1993). Also, while for own children one of the motivating factors for caring for parents is to reciprocate for past care and support (Henretta et al. 1987; Folbre 2012), children-in-law may feel that they have less to reciprocate for. Furthermore, elder caregiving from children-in-law is likely to diminish in the future, given the current trends of declining marriage rates and rising divorce and cohabitation rates.

Limited empirical evidence suggests that both husbands and wives are less involved in elder caregiving when they and/or their spouses have siblings (Szinovacz and Davey 2008), implying that care for parents tends to be distributed among blood kin. Bound together by a system of norms, rights, and duties, immediate family members hold the strongest obligations for elder caregiving, with the parent-child tie being the most important one (Rossi and Rossi 1990). Growing empirical evidence suggests that adult children are the most common source, after spouses, of family elder care (Silverstein and Giarrusso 2010). Recent survey evidence shows that care recipients cite children as the most important source of care after spouses (see Table A1 in appendix), and most people caring for elders are caring for their own parents (see Table A2 in appendix). Altogether, the discussion in this section suggests that gender division of elder care takes place primarily among siblings (sons and daughters) rather than between spouses

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3 Cohabiting partners are less likely to get involved in caring for their parents-in-law than married spouses (Henz 2009).
(husbands and wives) and motivates a shift of the research focus from married couples to sibling groups.

GENDER DIVISION OF PARENT CARE AMONG SIBLINGS

To explain the gender division of parent care among adult children, the present study integrates several theoretical perspectives across disciplinary traditions. Since elder care is a type of domestic labor, I start with the theories of housework division – time availability, relative resources, and gender-based models – but adapt them to the division of parent care (rather than housework) between adult children (rather than spouses)⁴. Due to the distinctive nature of parent care as a type of family labor, I complement these perspectives with social gerontological theories of elder caregiving: the reciprocity perspective and the latent kin matrix theory. Additionally, given the focus of this study on sibling groups rather than married couples, I draw on the structural perspective.

Time Availability

Time is finite, and only so many activities can be performed within 24 hours (Raley et al. 2012). The time availability perspective suggests that men and women provide parent care to the extent that they are constrained by other time commitments and responsibilities (Shelton and John 1996). Furthermore, as a child’s time available for parent caregiving decreases, his or her siblings might increase their assistance to ensure the fulfillment of parents’ needs (Wolf, Freedman, and Soldo 1997; Raley et al. 2012). Most attention in the literature has been paid to the competing roles of the caregiver with that of the worker (Blair-Loy 2001; Correll et al. 2007), spouse⁵ (Sarkisian and Gerstel 2004), and parent⁶ (Raley et al. 2012), with mixed empirical evidence (for a review, see Sarkisian and Gerstel 2004). One aspect of time availability where

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⁴ Although housework perspectives have been tested primarily in analyses restricted to married couple households, they have also been successfully extended to other types of family labor such as child care (Raley, Bianchi, and Wang 2012) or informal support (Hook 2004) and adapted to men and women in all household types (Bianchi et al. 2000).

⁵ Interestingly enough, while in the housework literature marriage is often seen as a site of gender performance (for example, South and Spitze 1994; Gupta 1999), the focus on elder care suggests that the “greedy” institution of marriage (Sarkisian and Gerstel 2008) becomes a constraint on time availability.

⁶ The ideology of “involved parenting” (Raley et al. 2012) suggests that children, especially young, would divert time available for parent care.
caregiving scholarship demonstrates rare unanimity is a positive association between geographic proximity and parent caregiving, either because children living nearby are more likely to assume caregiving responsibilities or because children and/or parents relocate in order to meet care needs, or both (Bookman and Kimbrel 2011).

Relative Resources

At least four different interpretations of the relative resources theory can be found in the literature on the gender division of domestic labor. Drawing on the neoclassical framework (Becker 1981), the original formulations emphasize comparative advantage and opportunity costs of doing family labor. This suggests that children with greater economic resources in general and relative to their siblings would do less parent care. Partial support for this reasoning comes from empirical studies showing that adult children of higher socioeconomic status tend not to provide personal care to parents (Bookman and Kimbrel 2011). Instead, children with greater economic resources tend to provide financial support in lieu of physical care, or outsource care to paid helpers. In some respects, such arrangements echo the autonomy theory of the domestic division of labor (Gupta 2007).

Other interpretations include the dependency (Brines 1994), bargaining, and exchange (for the latter two, see Bittman et al. 2003) models. All three stress power dynamics between spouses in negotiating about housework performance, and are not as easily extended to the division of parent care among adult children for at least three reasons. First, they are premised on a reasonable assumption that housework is unpleasant and will be avoided given the opportunity. However, the emotional component (England 2005) of care work suggests that adult children may not necessarily want to avoid caregiving as they would housework. Second, these models assume that negotiations over housework between spouses are conducted in the shadow of the possibility of divorce. While divorce seems to be a real alternative to unfair exchange within marriage, as reflected in today’s high divorce rate, blood commitments appear to be stronger (Rossi and Rossi 1990) and siblings might be more likely to reach a compromise than spouses. Finally, the structure of relationships among siblings seems less amenable to exchange. While spouses are embedded in a multi-layered network of exchanges (Zelizer 2005a), interdependence among siblings is lower and involves fewer potential currencies of exchange.

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7 That is, in absolute terms, rather than relative to their siblings.
For Love and/or Money? Reciprocity and Intergenerational Transfers

Intimate relations, including caring, often go hand-in-hand with economic interactions, especially monetary transfers (Zelizer 2005a). Although parent caregiving is often motivated by feelings of love and altruism, parent-to-child economic transfers may further facilitate children’s care for parents. Historically, elder parents used bequests as a way to secure care from their children, although its role declined with the development of flexible labor markets and increased geographic mobility (Hartog 2012). Parents may also give inter vivos financial transfers to compensate children for the loss of potential earnings associated with caregiving (Zelizer 2005a).

Therefore, one might expect that parent-to-child transfers will be associated with greater assistance to parents, and that children receiving greater amounts relative to other siblings will provide more parent care. Mixed empirical evidence on the effect of parent-child transfers on parent caregiving lends support for both altruistic and reciprocal motivations of parent care, thus leaving it unclear which one is dominant, and when, for the gender division of parent care (Seltzer and Bianchi 2013).

Latent Kin Matrix

Proposed by social gerontologists, the latent kin matrix theory posits that caregiving responsibilities in families are assigned in a serial order (Riley 1983). In the United States, patterns of elder care suggest that adult children step in when the spouse is not available (Silverstein and Giarrusso 2010), and daughters are usually preferred over sons (Wolf and Soldo 1988). In contrast, some qualitative evidence suggests that it is the eldest child, regardless of the gender, who holds the highest responsibility for parent caregiving (Matthews and Rosner 1988; Suitor and Pillemer 2007).

Gender-Based Perspective

Emerged as a critique of time availability and exchange-bargaining models of the housework division of labor, the gender perspective argues for the dominant role of gender in the

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8 The reciprocity perspective, as it relates to parent caregiving, received most empirical attention within social gerontology. However, for its theoretical foundation, this perspective draws heavily on sociological arguments, in particular the social exchange theory and the love-and/or-money debate in economic sociology (see Zelizer 2005; Folbre 2012).
allocation of family labor.\(^9\) It suggests two types of gender effects on parent caregiving, direct and indirect.

Earlier formulations of this perspective emphasized how men and women internalize norms of gender-appropriate behavior in the process of childhood socialization. For parent care, qualitative evidence suggests that men and women internalize normative values that caring is to be done by women to such an extent that it is taken for granted and seldom challenged (England and Farkas 1986; Aronson 1992). Building on the “doing gender” argument (West and Zimmerman 1987), more recent formulations argue that men and women internalize expectations to act according to normative standards about gender (Bittman et al. 2003; Schneider 2012). As applied to parent care, this implies that women face stigma for not providing care, while men do not face strong expectations of providing parent care. For example, based on her qualitative study of daughters-caregivers, Aronson (1992) describes how daughters feel ultimate responsibility about parent care (“But who else is going to do it?”) and also how they feel that their legitimacy and affection are questioned if they look for alternative sources of parent care. Whether the mechanism operates through internalized values of gender-appropriate behavior or stigma for gender-deviant behavior, either view suggests a higher base level of parent caregiving for women, net of other factors (Bittman et al 2003).

Furthermore, while the theories discussed previously make gender-neutral predictions, the gender-based perspectives suggest that the determinants of parent caregiving might not operate symmetrically for men and women (Brines 1994; Bittman et al 2003). For example, Brines (1994) argues that masculinity is culturally regarded as an achieved status while femininity is seen as more “natural.” Additionally, gender deviance has been found to be more stigmatizing for men than for women (Thorne 1993). Therefore, one might expect that the same constraint or resource would result in less care provided by sons than by daughters. Moreover, the gendered – “quintessentially female identified” (England 2005) – nature of care work suggests that men might provide little care regardless of other constraints and resources.

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\(^9\) One nonequivocal empirical finding in the housework literature is that gender explains more variance in household labor time than any other factor (Bittman et al. 2003).
Structural Perspective

Unlike married couples, which consist of two persons of different genders\textsuperscript{10}, sibling groups vary by size and gender composition. In general, adult children provide less assistance to aging parents in the presence of other sources of care, especially siblings (Ward, Spitze, and Deane 2009). Furthermore, limited empirical evidence suggests that the effect of sibship size on each sibling’s caregiving would be contingent on the sibling’s gender (for families with two children) or sibship gender composition (for families with more than two children).

Housework literature shows that across households of different types, men do less domestic work in the presence of other women in the household (South and Spitze 1994; Gupta 1999). Caregiving studies also provide suggestive\textsuperscript{11} evidence that adult children, sons especially, do less or even no parent care when they have sisters (Horowitz 1985; Coward and Dwyer 1990; Wolf, Freedman, and Soldo. 1997; Gerstel and Gallagher 2001). These findings suggest that inequities in parent caregiving would be more pronounced in mixed-sex sibling groups than in same-sex sibships. In particular, sons would do less caregiving when they have a sister (rather than a brother), while daughters would assume more caregiving responsibilities when they have a brother (rather than a sister). However, limited caregiving research on peer effects in sibling groups suggest that sisters may actually draw their brothers into parent caregiving by coordinating care provision in the family, persuading brothers to provide more assistance, or serving as role models (Friedman and Seltzer 2010). This view implies that sons would do more caregiving when they have a sister than when they have a brother.

DATA AND METHODS

Data

The data in this study come from the 2004 wave of the Health and Retirement Survey (HRS)\textsuperscript{12}, a nationally representative longitudinal panel study of the noninstitutionalized U.S. population. The vast majority of previous research on gender division has been focused on straight couples, although there are some studies on housework division in lesbigay couples.\textsuperscript{11} A limitation of these studies is that they rely on qualitative evidence or on bivariate statistical methods without controlling for confounding factors.\textsuperscript{12} I used the 2004 RAND HRS Data file (Version L) and the 2004 RAND HRS Family Data file (Version B). The RAND HRS data files are user-friendly data sets based on the HRS data. They contain a cleaned, processed, and streamlined collection of most variables available in the HRS. The RAND HRS data files were developed at RAND...
population over age 50. Considered the gold standard for aging research (Seltzer and Bianchi 2013), the HRS has been used widely in social gerontology, including studies on various aspects of elder care (for example, Szinovacz and Davey 2008; see also Folbre 2012).

A combination of several features makes the HRS uniquely suitable, among large-scale surveys, for the present study. First, although the HRS surveys elder Americans, it also collects extensive data on family structure and connections, including information on all of the respondent’s offspring. Second, it contains a range of social, economic, and health information about elder respondents, including care needs, as well as quite detailed data on their adult children. Third, the HRS collects information on multiple dimensions of parent-child relationships, including a broad set of questions on time and money exchanges between elder parents and adult children. Finally, it allows distinguishing between care provided to parents from assistance provided to parents-in-law or other elder relatives.

Analytic Strategy

The conventional analytic strategy in the literature on the gender division of family labor is to explain one spouse’s contribution with his or her own attributes and partner’s attributes. However, the same analytic strategy is hardly applicable to sibling groups because of a varying number of predictors required to accommodate sibships of different size and gender with funding from the National Institute on Aging and the Social Security Administration. For more information, see http://www.rand.org/labor/aging/dataprod.html

The HRS is sponsored by the National Institute on Aging (grant number NIA U01AG009740) and is conducted by the University of Michigan. For more details about the HRS sampling strategy and methodology, see http://hrsonline.isr.umich.edu/index.php

Unfortunately, the HRS does not use the time-diary instruments, which is considered to be the most accurate and reliable method of data collection on time use (Bianchi et al 2000). However, there is no U.S. time-diary data that would suit the present study. The only recent time-diary data on elder care available, the 2011 American Time Use Survey (ATUS), is inappropriate for this inquiry because it does not distinguish between those individuals who had elderly parents but did not provide any parent care and those who did not provide parent care because they did not have elderly parents. Stylized measures have been also used widely in the housework literature (for example, Brines 1994; Bianchi et al 2000; Bittman et al 2003; Sayer 2005; Schneider 2012). Also, comparisons between time-diary estimates and stylized measures indicate that the two types of measures give similar estimates of relative time that husbands and wives spend on housework (Bianchi et al 2000) and are comparable in terms of reliability (Hill 1985). Additionally, I discuss possible biases associated with the HRS-derived measures of caregiving in the section on my dependent variables.

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composition. Therefore, I conducted two complementary sets of analyses: at the individual level and at the sibship level.

In the first part of my analyses, I use the parent-child dyad as the unit of observation to explain a child’s caregiving with theoretically derived variables. I start with looking at the total sample to assess whether women have a higher base level of parent caregiving and whether the gender gap is explained by the gender differences in other factors of parent care (examining the direct effect of gender). Then, following the well-established tradition in the literature on the gender division of family labor, I conduct the analyses separately for men and women to examine whether the relationship between a child’s caregiving and his or her attributes varies by gender (examining the indirect effect of gender). Because the HRS collects information on all of the respondent’s offspring and the inclusion of all children would violate the classical assumption of independence among observations, I randomly select one child per parent/sibling group for these analyses.

In the second part of my analyses, the unit of observation is the parent-sibship dyad. My focus here is on whether and how daughters’ caregiving depends on their brothers’ attributes as well as their own attributes, and vice versa for sons. To do so, I estimate separately total caregiving of all daughters in the sibling groups with at least one daughter and total caregiving of all sons in the sibling groups with at least one son, using daughters’ and sons’ summary characteristics of theoretically derived variables as predictors.

For all of my analyses I focus on biological adult children (aged 18 or over) of the frail elderly, defined as those HRS respondents who reported having difficulty with at least two activities of daily living or one instrumental activity of daily living (see my explanation below). I

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15 Although some studies limit their analyses to sibling groups of size two, following the same approach here would considerably restrict the generalizability of empirical findings since most of the adult children in the present study were born when the total fertility rate in the United States was well above two (Preston and Hartnett 2010).
16 I estimate separate models for sons and daughters to simplify the presentation. The results are identical to the inclusion of interaction terms between gender and each of the explanatory variables into the model for the full sample.
17 I use random selection rather than Huber-White standard errors or mixed effects because it satisfies the assumption of independent observations, while the two alternatives adjust for non-independent observations. Results are substantively similar when Huber-White standard errors and mixed effects are used to adjust for clustering.
18 Results are substantively similar when the analyses are restricted to mixed-gender sibling groups.
19 Because the HRS does not distinguish between biological and adopted children, some of the children in my sample might have been adopted.
20 As I explain in the next section, the structure of the HRS questionnaire does not make it possible to distinguish respondents reporting difficulty with only one ADL from those reporting difficulty with two ADLs.
use ordinary least squares (OLS) regression in all of my analysis.\textsuperscript{21} Missing values were handled using list-wise deletion.\textsuperscript{22} The resulting sample is 3,014 parents, or 1,477 sons and 1,537 daughters for the individual level analyses and 2,461 sibships with at least one son and 2,488 sibships with at least one daughter for the sibship level analyses.

**Dependent Variables**

My dependent variables are obtained using a set of questions about assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs). The ADLs include dressing, including putting on socks and shoes; walking across a room; bathing or showering; eating, such as cutting up your food; getting in and out of bed; and using the toilet, including getting up and down. The IADLs include preparing a hot meal; shopping for groceries; making phone calls; taking medications; and managing money.

The questions about functional limitations proceed as follows.\textsuperscript{23} A respondent is first asked about having difficulty doing an ADL or IADL because of a health or memory problem.\textsuperscript{24} If help is reported, the respondent is asked to list helpers and their relationship to him or her.\textsuperscript{25} He or she can list up to seven helpers for ADLs, up to six helpers for all IADLs except for managing money, and up to two helpers for managing money. Lastly, the respondent is asked to estimate how many days and hours per days each helper helped in the last month.\textsuperscript{26}

\textsuperscript{21} For the analyses at the sibship level, I also estimated models using the seemingly unrelated regressions (SUR) techniques to allow for correlation between the model for sibships with at least one son and the model for sibships with at least one daughter. The cross-equation error correlation arises from the fact that mixed-gender sibships by definition have at least one son and at least one daughter and thus pertain to the same parent. The use of SUR for mixed-gender sibships led to substantively similar results.

\textsuperscript{22} Although my findings are substantially similar when weights are used, the results presented do not employ weights because the use of weights may lead to incorrect betas and standard errors when used in combination with list-wise deletion.

\textsuperscript{23} Questions about ADLs are preceded by questions about having difficulty with some everyday activities such as jogging a mile, walking several blocks, or walking one block. If no difficulty was reported with any of these tasks, then ADL questions are skipped. If difficulty with only one prior task and no difficulty with dressing was reported, the questions about the rest of the ADLs are also skipped. The assumption for this skip pattern is that, since the respondent had no difficulty with the earlier activities, he or she would also have reported no difficulty the activities in the rest of ADL questions. The IADL questions were addressed to all respondents.

\textsuperscript{24} The exact wording of the question is: “Here are a few more everyday activities. Please tell me if you have any difficulty with these because of a physical, mental, emotional or memory problem. Again exclude any difficulties you expect to last less than three months. Because of a health or memory problem do you have any difficulty with [doing an activity]?” If difficulty is reported, the respondent is then asked whether he or she receives help with it. The question sounds as: “Does anyone ever help you [do an activity]?”

\textsuperscript{25} The exact wording of the question is: “Who most often helps you with [doing an activity]?”

\textsuperscript{26} The exact wording of the questions is: “Let’s think for a moment about the help you receive that we just talked about. [First/Next] the help from [HELPERn NAME/your [husband/wife/ partner]]. During the last month, on about
Two caveats are worth noting regarding the HRS measure of parent-care time. First, care time estimates are reported by the care recipient. As a result, it is possible that the HRS respondents might underestimate time spent on helping with IADLs because assistance with the IADLs reported in the HRS is not necessarily directly observable by the care recipient (Folbre 2012). To the extent that men are more likely to help with administrative tasks included in IADLs (Trabut and Weber 2009), the HRS underestimates sons’ caregiving efforts. Second, the HRS does not capture time spent on activities supplementary to primary elder care, such as cleaning, doing laundry, or organizing the household, as well as emotional assistance (Friedman and Seltzer 2010). If an elder person reports having functional limitations, especially those associated with ADLs, she is also likely to need help not only with physical care but with household chores as well. To the extent that women are more likely to do this traditionally “female-typed housework” (South and Spitze 1994; Schneider 2012), the HRS underestimates daughters’ caregiving efforts. Therefore, it seems plausible to assume that on average these two biases would counterbalance each other if the total time captured by the HRS (i.e. the sum of time spent with ADLs and IADLs) is used as a proxy for total caregiving efforts. For that reason, I focus on the total time spent assisting with ADLs and IADLs in the present study.

I construct absolute and relative (distributional) measures of parent care time. While either measurement strategy has its own advantages and limitations (as I discuss next), the simultaneous examination of both seems to give a better sense of the data. The majority of time use studies, including studies on the gender division of housework, focus on absolute hours (for example, Brines 1994; Bittman et al. 2003). As Schneider (2012) argues, “the sheer amount” (p. 1039) of domestic labor seems to more accurately capture patterns of family labor division. A limitation of this approach is that it loses the focus on the relative contribution of each family member (Greenstein 2000) and does not account for unobserved heterogeneity among households with respect to other correlates of total amounts of domestic labor performed such as how many days did HELPERn NAME help you?” and “On the days [HELPERn NAME/your [husband/wife/partner]] helps you, about how many hours per day is that?”

A limitation of the HRS measure of parent caregiving is that it does not allow disaggregating total care time into time spent on male- and female-typed tasks. Such a measurement strategy would allow examination of gender differences not only in the amount of care, but also gender segregation in the type of caring labor performed. However, it is worth noting that most empirical studies on the gender division of domestic labor focus on total hours. An advantage of an inclusive measure is that it is the most conservative approach because there is more variation in subtypes of domestic labor than in the total (Hook 2006).

In the same vein, (small) children tend to increase time spent on housework net of child care time, and especially so for women (Brines 1994).
quality standards or preferences for domestic as opposed to market-based goods and services (Greenstein 2000).

Alternatively, some studies use relative measures such as the proportion of all housework hours that the husband and wife performed (for example, Greenstein 2000). While relative measures address the limitations of absolute measures, the use of distributional measures is often criticized in the housework literature on several grounds. First, the same share might represent very different levels of absolute work (Henz 2010). Second, it does not take into account whether differences in housework share are driven by one spouse doing more housework or the other doing less, or both (Bianchi et al. 2000; Bittman et al. 2003; Gupta 2007; Schneider 2012). Third, the use of share as a dependent variable complicates the examination of gender differences in factors affecting the division of labor. Because husbands and wives are the only family members whose housework contributions are counted, there is a perfect correlation between husbands’ and wives’ housework share (i.e. the wife’s share is 100 percent minus the husband’s share and vice versa). Therefore, by definition, any factor that affects husbands’ share would also affect wives’ share in the opposite direction (Bittman et al. 2003). However, while this criticism is warranted in the case of straight married couples, as they always consist of two spouses of different gender, it is less applicable when division of labor is studied in the context of siblings networks, because the former vary by size as well as gender composition.

I create two variables measuring absolute hours of parent care time, at the individual and sibship levels. First, I combine the total hours each child in the sibship was reported to spend on assisting with ADLs and IADLs. Second, I create a sibship-level equivalent, as the sums of total care hours of all the sisters combined and all the brothers combined. I code both variables in terms of hours per month because this is the reference period used in the HRS.

For relative caregiving, I also create two measures, at the individual and sibship levels. First, for each child I compute what I call the “standardized” caregiving share, which I calculate as a ratio of the child’s observed share of all hours provided by all siblings to the share (s)he would provide under the condition of equal division of caring labor. For example, if in a family with four children, total hours of care that a parent received was 100 hours and one of the children provided 50 hours of care, the observed share the child provided is 50/100 and the share (s)he would provide under the condition of equality is 1/4 (where 1 stands for the total amount of caring labor and 4 is sibship size). The standardized share is then calculated as a ratio of 50/100
to $\frac{1}{4}$, and is equal to 2, meaning that this child provided twice as many hours of caring labor as (s)he would provide if the division of labor in the sibship was equal. Second, I compute a sibship-level equivalent as a ratio of the sisters’ (or brothers’) observed share of all hours to the share sisters (or brothers) would provide under the condition of equal division of caring labor. For example, if in a family with three daughters and one son, total hours of care that a parent received was 100 hours and all the daughters provided 90 hours of care, then the observed share they provided is 90/100 and the share they would provide under equal division of labor is 3/4 (three daughters out of four children in the family). The sibship-level standardized share for daughters is then computed as a ratio of 90/100 to 3/4, and is equal to 1.2, meaning that together sisters provided 20 percent more care than they would provide if the division of labor in the sibship was equal.

Independent Variables

The independent variables used for the individual-level analyses are listed below. For the sibship-level analyses, I create summary statistics of these variables, which I compute separately for men and women as the number of children with the attribute of interest in the sibship (for dichotomous variables) or the average value of the attribute in the sibship (for continuous variables).\(^{29}\) Tables A3 and A4 in appendix detail means and standard errors of the variables used in the analyses, shown separately for men and women, both at the individual and sibship levels respectively.

*Time availability.* The measures of external constraints on time availability include employment, work hours, marital status, children, and geographic proximity. Employment and work hours are measured by two dichotomous variables, part-time employment and full-time employment; the omitted category is non-employment. Marital status is represented by a dichotomous variable that indicates whether the adult child is married or cohabiting, with unpartnered being the omitted category. The dependent-children variable is the number of grandchildren that the HRS respondent reports for each adult child.\(^{30}\) Residential proximity\(^ {31}\) is

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\(^{29}\) For example, total number of married daughters/sons or the average number of grandchildren from daughters/sons. Results are substantively similar when relative counts are used, e.g. the proportion of married daughters. For the ease of interpretation, absolute counts are used (in conjunction with controlling for sibship size and gender composition).

\(^{30}\) A better measure would take into account grandchildren’s age. Unfortunately, this information is not available in the HRS.
measured by a dichotomous variable representing that the child lives more than 10 miles away from the parent\textsuperscript{32}.

*Relative resources.* To measure relative resources, I use home ownership as a proxy for economic resources and socio-economic status. Home ownership is measured by a dichotomous variable representing whether the adult child owns his or her house or not.

*Intergenerational transfers.* I use two variables to capture that intergenerational transfers can go both ways: the amount of parent-to-child and child-to-parent monetary transfers. The HRS questionnaire asks about any transfers totaling $500 or more and further specifies that transfers can include “giving money, helping pay bills, or covering specific types of costs such as those for medical care or insurance, schooling, down payment for a home, rent, etc.” and “can be considered support, a gift or a loan”. Both variables are set to zero if there were no transfers. The reference period in the HRS is the period since the last interview,\textsuperscript{33} or the last two years for new interviewees.

*Latent kin matrix.* To test the latent kin matrix theory, I use a dichotomous variable representing whether the child is the oldest child in the family.

*Sibship size and gender composition.* I measure sibship gender composition by two variables representing the number of men and women in the sibling group and thus account simultaneously for the sibship size. The coefficients are interpreted as the effects of having an additional brother or sister on the focal child’s caregiving efforts.

\textsuperscript{31} Because geographic distance is consistently found to be one of the strongest correlates of parent caregiving (also in the present study), a question arises as to what extent adult children living closer to their parents are naturally assumed to become caregivers. Although it is possible that children living nearby are more likely to assume caregiving responsibilities, children and/or parents may also relocate in order to meet care needs, or both scenarios may take place. The results presented here are robust to the inclusion of the indicator for residential proximity. In addition, the use of geographic proximity as a dependent variable showed that the factors of residential proximity are qualitatively different from those of caregiving. Together, these findings suggest the plausibility of the inclusion of geographic proximity as a predictor.

\textsuperscript{32} A better indicator would be a continuous measure of distance between the parent and child. The RAND HRS datafile includes information only on the co-residence status and a binary variable for living more than ten miles away. In the interest of parsimony, co-residing children and children residing closer than ten miles were combined in the omitted category for the geographic distance variable used in the analyses. The findings are substantively similar when the two categories are kept separately. Alternatively, I also estimated models using the continuous proximity measures from the HRS Cross-Wave Child Proximity datafile (v. 1.0). The results were substantively similar. However, because of a substantial number of missing values, the use of a continuous measure reduced my sample size by almost 40 percent.

\textsuperscript{33} The HRS interviews are conducted every two years.
Control Variables

Intergenerational support has been shown to vary not only by attributes of adult children as caregivers but also by characteristics of parents as care recipients. I control for a number of parents’ socio-demographic attributes that were found to be associated with adult children’s care for elder parents (for a review, see Davey, Janke, and Savla 2004; Sarkisian and Gerstel 2004; Bookman and Kimbrel 2011). Not surprisingly, older parents with poorer health receive more care. Older women also receive more assistance, as filial obligations to female kin tend to be greater than to male kin. Non-married parents receive greater assistance from their children, at least partially because for married parents, their spouses usually assume the role of primary caregiver. Because of availability of alternative sources of care, including paid care, financially better off parents do not receive as much care from their children. Finally, studies point to stronger support systems among non-whites, apparently as a result of stronger sense of family obligation developed as a mechanism for coping with poverty and discrimination.

An elder’s care needs are measured by the logarithm\(^{34}\) of the total number of functional limitations that he or she reports, computed as a sum of ADLs and IADLs which the HRS respondent reports having difficulty doing. The availability of alternative sources of care is measured by being in a nursing home and also by marital status. Whether the respondent stays in a nursing home is measured by a dichotomous variable. Parent’s marital status is measured in the same way as adult child’s marital status, i.e. by a dichotomous variable indicating whether the respondent is married or partnered. Parent’s age is a continuous variable coded in years. Gender is represented by a dichotomous indicator, with 1=male. I also control for race, using a dichotomous indicator where 1=non-white. Finally, I control for parent’s SES with a continuous measure of parent’s household income per capita.

RESULTS
Direct Effects of Gender on Parent Caregiving

There is a pronounced and statistically significant gender gap in the amount of time that men and women spend on providing care to their parents, even after adjusting for other factors.

\(^{34}\) I use the logarithm to allow for a non-linear effect. Results are substantively similar when the linear sum of the number of functional limitations is used.
Not surprisingly, daughters appear to spend significantly more time on parent care than sons. Table 1 shows that in the HRS sample of adult children of the frail elderly, daughters provide an average of 12.3 hours of parent care per month as compared to sons’ 5.6 hours (model 1). Stated in other terms, daughters spend twice as much time or almost seven more hours each month providing care to parents than sons. Adjusting for other factors of parent care reduces the gender gap, but not substantially, and it still remains significant. In particular, controlling for other factors, daughters spend 5.4 hours more than sons on assistance to their parents (model 2).

[TABLE 1 ABOUT HERE]

Furthermore, as measured by the standardized share, daughters on average do 8.6 percentage points more parent care than what they would do if the division of parent care was equal among siblings, while sons on average do 10.6 percentage points less caring labor than under the condition of equality (model 3). For example, in an average sibship with four adult children, a daughter would do one-third, or 33.6 (=25.0+8.6) percent, of total care provided by all siblings as opposed to a “fair” one-quarter. In contrast, a son would provide 14.4 (=25.0-10.6) percent of total assistance as compared to 25 percent expected under the condition of equal division of caring labor in the sibship. Interestingly enough, the relative gender gap increases after adjusting for other factors (model 4).

The gender gap in parent care is particularly large when care time parents receive from all daughters is compared to assistance received from all sons (data not shown). In mixed-gender sibships, parents receive an average of 21.7 care hours per month from all daughters as compared to less than 6.2 hours from all sons, and the difference is statistically significant. Overall, these results suggest that although both men and women seem to spend less absolute time providing parent care than doing housework (Bittman et al. 2003) or child care (Raley et al. 2012), gender inequality might be more acute in parent care than in other types of domestic labor.36

35 Because the use of standardized share is not informative in sibships of size one, I restrict the analyses in this section for sibships of size two or more.
36 Bittman et al (2003) and Raley et al (2012) used different data, so the estimates of time are not directly comparable.
Indirect Effects of Gender on Parent Caregiving

Table 2 shows pronounced gender differences in factors predicting parent caregiving (models 5 and 6). In particular, women’s caregiving appears to be more responsive, or elastic, than men’s, with respect to time availability, relative resources, and intergenerational transfers. For daughters, these theories are important in explaining parent caregiving, whereas almost none of the theoretically-derived variables are significant for men.

Consistent with the time availability perspective, variables measuring constraints on time availability show significant negative effects on parent care hours for women. In particular, employed daughters provide less care hours to their parents than non-employed, and daughters employed full-time provide less care than those employed part-time (data not shown). Consistent with the “greedy institution” view of marriage, which argues that marriage weakens ties to parents (Sarkisian and Gerstel 2004), married women spend significantly less time providing parent care. The negative and significant coefficient of being married also implies that husbands do not help their wives to free up time for parent caregiving by assuming responsibilities in other domains (such as housework or child care). At the same time, having children does not have a significant effect on time spent providing parent care. The absence of a statistically significant relationship between children and parent care hours is likely to reflect that children both constrain and facilitate elder care. On the one hand, small children put high time demands on their parents, and especially mothers (Raley et al. 2012). On the other hand, older children need less attention and might even help with domestic labor, especially daughters (Zelizer 2005b). Ideally, the model would control for children’s age and gender; Unfortunately, this information is not available in the HRS. Finally, geographic proximity is consistently one of the strongest predictors of care time, with daughters living further away from their parents providing significantly less assistance.

The lower levels of parent caregiving among employed daughters might not just reflect time restrictions but also higher bargaining power derived from paid work, lending some support to the external-resources perspective. More support for the latter comes from a statistically
significant negative relationship between home ownership and hours of parent care. In other words, women of higher SES provide less parent care.

Interestingly enough, financial transfers from the parent to the child are not significant for both men and women. However, intergenerational transfers going in the opposite direction, from the child to the parent, show a statistically significant positive association with care hours for women, even after controlling for other factors. In other words, daughters provide more hours of care as the amount of daughter-to-parent financial transfers increases, although at a declining rate. The positive coefficient on the child-parent transfers might reflect an underlying commitment to and responsibility for parent caregiving. It also suggests that different types of assistance (e.g. financial support and more practical help with ADLs and IADLs) are bundled together rather than siblings exchanging one for the other. Alternatively, the positive coefficient on the parent-child transfers might mean that frail parents are more likely to be in need of financial support (Johnson and Wiener 2006). Given the perpetuation of (dis)advantage across generations in the United States, this finding suggests that lower-income daughters often assume not only practical care, but also financial support and points to important implications for inequality processes and outcomes among women, but not among men.

Finally, the latent kin matrix theory receives no empirical support, for women and for men. The coefficient on being the eldest child is not significant by either gender. This result suggests that caregiving responsibilities are assigned by gender and not by birth order.

Nearly all of the theoretical predictors of parent care are insignificant for men, with the only exceptions being geographic distance and (marginally significant) number of children. One potential interpretation of the pronounced gender differences in factors predicting parent care hours is that women provide as much care as they can, whereas men provide as little parent care as they can, regardless of other factors.\(^{37}\) Put differently, women’s caregiving is more elastic than men’s with respect to time availability, relative resources, and intergenerational transfers. These results also imply that for sons, the gender norm of not doing parent care is so strong that the other factors of caregiving essentially do not matter.

\(^{37}\) An alternative interpretation is that sons provide so much care that other factors essentially do not matter. However, it is inconsistent with the finding of a significant gender gap reported earlier.
Structural Effects of Gender on Parent Caregiving

Consistent with the structural perspective, not only the focal child’s gender, but also his or her sibling’s gender (in families with two children) or sibship gender composition (in families with more than two children) appear to be important in explaining the focal child’s caregiving. In particular, I find that both sons and daughters provide fewer absolute hours of parent care if they have an additional sibling, whether a brother or a sister (models 5 and 6). It is also worth noting that for both men and women, the coefficients of having an additional sibling of the opposite gender are significant, while the coefficients of having an additional sibling of the same gender are only marginally significant. This finding suggests that the division of parent care largely takes place among siblings of the opposite gender (i.e. between brothers and sisters), rather than among siblings of the same gender (i.e. among brothers or among sisters). One might hypothesize that men are able to pass on some caregiving responsibilities to sisters, but share and divide them with brothers. In contrast, women tend to provide care on top of their sisters’ caregiving rather than share it with them (so that the parent receives care in greater amounts). However, women provide fewer hours when they have an additional brother.

The analysis of standardized share as a dependent variable lends further evidence on how the repercussions of parent care provision vary by both the focal child’s gender and the sibling’s gender or sibship gender composition (models 7 and 8). For men, having a sister is associated with a smaller share of total parent care, while for women having a brother has an opposite effect. For both men and women, the effect of having an additional sibling of the same gender on the standardized share is not significant, although the effect of having an additional sibling on the observed share of all hours provided by all siblings is negative and significant (data not shown). Interestingly enough, almost none of the other theoretical predictors are significant, which further emphasizes the structural effects of gender in the division of parent care among siblings.

Does Sons’ Caregiving Depend on Sisters’ Attributes? And Vice Versa

My second set of analyses explores the contingent nature of siblings’ caregiving with the focus on its gender dynamics, i.e. whether and how parent caregiving by siblings of the same gender is associated with the attributes of the opposite gender siblings (Table 3). The sibship-level results largely echo the individual-level findings. First, there are noticeable gender differences in factors predicting parent caregiving. While the effects of time availability, relative
resources, and intergenerational transfers are significant and go in the directions expected for daughters, almost none of the theoretical predictors are significant in explaining sons’ caregiving (models 9 and 10). Second, consistent with the structural perspective, the effects of gender on parent caregiving go beyond own gender to sibship gender composition. Specifically, for both sons and daughters, their total hours decrease as they have additional siblings (of the opposite gender). At the same time, daughters’ caregiving share increases as they have an additional brother, while sons’ relative contribution decreases as they have an additional sister.

[TABLE 3 ABOUT HERE]

Most importantly, the results reported in Table 3 suggest that adult children make parent caregiving decisions largely in isolation of opposite-gender siblings’ attributes. In particular, sons’ caregiving appears not to be associated neither with their own summary characteristics nor with their sisters’ attributes (as evidenced by insignificant coefficients on sons’ and daughters’ attributes when predicting sons’ parent care time, as shown in model 9). Similarly, daughters’ caregiving does not vary by their brothers’ characteristics (model 10). These findings lend further support for the dominant role of gender for the division of parent care among siblings, both at the individual (i.e. the focal child’s gender) and sibship (i.e. sibship gender composition) levels, rather than of socio-demographic attributes.

Do Sons Pass Parent Caregiving Responsibilities to Their Spouses?

The findings reported above raise the question as to whether sons leave parent caregiving responsibilities to their spouses rather than sisters. Unfortunately, although the HRS collects rich data on the relationships between the parent and each child, including own children and children-in-law, it lacks information that would allow identifying which child-in-law is married to which child. However, some insights can be obtained from examining families with only one married son and one daughter-in-law. (These families might have other unmarried sons as well.) It seems plausible to assume that, for most of these families, the married son and the daughter-in-law form a couple (Lin et al. 2003). In the HRS sample, no daughters-in-law in sibling groups with one married son provided elder care to their frail parents-in-law except for one case when 24/7 help was reported. This finding lends further support for the focus on sibling networks rather
DISCUSSION AND CONCLUSION

Drawing on the 2004 wave of the Health and Retirement Survey, this study explores the gender division of elder parent care among siblings, i.e. how brothers and sisters share caring responsibilities for their frail elderly parents. Empirical analyses reveal multiple effects of gender on parent caregiving: direct, indirect, and structural. First, with respect to the direct effect of gender, I find a higher baseline level of parent caregiving for women, even after adjusting for other factors.

Reflecting the indirect effects of gender, women’s caregiving appears to be more responsive, or elastic, than men’s with respect to time availability, relative resources, and intergenerational transfers. While these theories explain daughters’ caregiving, almost none of my theoretically derived variables were significantly related to sons’ time spent on parent care. Robustness checks suggest very little, if any, reshuffling of parent care responsibilities of married sons to their wives. These results imply that for sons, the gender norm of not doing elder care is so strong that the other factors of parent care provision essentially do not matter. Additionally, I report evidence suggesting that both sons and daughters make parent caregiving decisions largely in isolation from opposite-gender siblings’ attributes. In particular, I find that sons’ and daughters’ caregiving does not vary by the characteristics of opposite-gender siblings.

Finally, I show evidence that not only the focal child’s gender, but also his or her sibling’s gender (in families with two children) or sibship gender composition (in families with more than two children) are important in explaining the focal child’s caregiving. Specifically, I find that sons reduce their relative caregiving efforts when they have a sister, while daughters increase it when they have a brother. Thus, my analyses suggest that having a sibling of the opposite gender introduces inequality in the division of parent care.

Taken together, these results lend more evidence on the gender inequality in another realm of unpaid domestic labor: elder parent care. In some respects, these findings hardly come as a surprise. Previous research has reported ample evidence on persisting gender inequalities in family labor. What is striking is that these analyses show that the gender norm of not doing elder
care for men is so strong that it essentially renders other factors insignificant. In other words, women do as much parent care as they can, given the constraints they face, while men appear to perform as little as they can, regardless of other factors. These findings thus pose a new theoretical puzzle: Why is it that gender inequality is so much more pronounced in elder care than in housework or child care? One potential answer is suggested by the gender-based perspective. Focusing on housework, West and Zimmerman (1987) argue that domestic labor is not a gender-neutral activity, but rather is an embodiment of cultural – gender-oriented – meanings and values. It is possible that the gendered – “quintessentially female identified” (England 2005) – conception of elder care is so strong, that it is just taken for granted that men do not do parent care.

From a broader perspective, my research offers important theoretical and policy implications of interest to scholars of family, gender, and inequality, as well as to policy makers. While much of the theoretical, empirical, and policy rhetoric today is focused on the nuclear family, the findings of this study cast further doubt on the narrow focus on nuclear family and motivate the shift of research focus to extended family (Hansen 2005; Sarkisian and Gerstel 2012). In particular, the present study shows that aging parents and adult siblings play important roles in the lives of many Americans. Without considering help to parents, we would overlook a key aspect of family life and gender stratification. Without considering the role of adult siblings in the arrangements of elder care, we would get an incomplete picture of family dynamics and gender inequality.

My findings suggest important implications for inequality, both inter-gender and intra-gender. With regard to gender stratification, my analyses show that accounting for parent care appears to further aggravate gender inequality in time use. The aging of the American population generates additional stressors on women and means that women do much more “invisible” work than had been suggested previously (Hochschild 1989). Moreover, gender inequality in parent caregiving may have far-reaching consequences for gender inequality in other areas of life, as women have been shown to experience greater negative consequences of elder care than men. With respect to intra-gender inequality, my analyses provide suggestive evidence that lower-SES women are more likely to assume the double burden of both practical care and financial support. Together, these results point to the intersectionality of gender and class in the realm of elder caregiving.
The findings of this study also offer important considerations for the formulation of social policy in elder care. Much of the twentieth century was marked by a dramatic expansion of the state welfare support for the elderly, including the introduction of retirement systems, social security, and public and private pensions (Gratton 1993). However, most recent decades witnessed a retreat from the public role in old-age support (see Folbre 2012) and, as a result, an increasing reliance on family-based assistance to the elderly. The politics of relegation of elder assistance to families has potentially intensifying effects on gender inequality as well as on (intra-gender) inequality among women. Nonetheless, the experience of the Scandinavian countries, where entitlements to public support are more generous by North American standards, and France, where the state subsidizes either family members or paid professionals for home-based elder caregiving, suggests that women would continue to dominate informal elder care even in the presence of alternatives (Borchorst and Siim 1987; Trabut and Weber 2009). The prevailing cultural ideology is such that women assume elder caregiving responsibilities by default and their resort to formal care is often stigmatized (Aronson 1992), whereas men face lower expectations of providing parent care. In short, what is at play is not simply availability of practical alternatives and material resources, but socially and culturally constructed norms of who should provide elder care (Hook 2006; Trabut and Weber 2009).

Although my study offers important theoretical and policy implications, there are also limitations to my findings, which open up directions for future research. First, my analyses focus on total time that adult children spend on parent caregiving. However, previous research on household labor and child care shows that the gender dynamics of the domestic division of labor becomes particularly pronounced when it is partitioned in male and female-typed work (South and Spitze 1994; Raley et al. 2013). For elder care, Trabut and Weber (2009) report some qualitative evidence suggesting that men and women might follow traditionally gendered patterns in allocating elder caregiving time, i.e. women engage more in female-typed caregiving and men in male-typed. For example, they find that daughters often provide more practical assistance such as help with ADLs while sons tend to do certain forms of administrative tasks or home repairs. Future research in this vein should differentiate between female and male-typed care and analyze the two separately. This approach in particular would shed light on the gender differences not only in the quantity of caregiving time, but also its quality, i.e. not only whether
men do less care than women but also whether men engage in stereotypically masculine-typed care while women perform conventionally female-typed tasks.

Second, my findings are based on cross-sectional data and as such provide only a snapshot picture of how adult children share parent care responsibilities. By adopting a temporal perspective, future research could advance the existing body of knowledge in at least two respects. In the first place, future work should explore trends in gender division of parent care in order to trace aggregate changes over time. For housework and child care, previous studies showed that the gender gap has declined in the past few decades as women reduced and men increased their time in these activities (Bianchi et al. 2000; Sayer 2005). However, given the growing demand for elder care combined with declining availability of kin support (Selzter and Bianchi 2013), a question arises as to whether the narrowing gender gap in housework was paralleled by growing gender inequality in parent care. From the life-course perspective, it would also be interesting to track how and why gender division arrangements of parent care among siblings change over time. For example, does the division of parent care among siblings remain fixed and stable over time, or do siblings rotate care for elderly parents (Brandes 1996)? It is also possible that the gender division of parent care changes with the progression of care needs. Gender inequality in parent care might be lower when care demands are low, but increase as care needs grow or if they come as a shock.

Third, the findings of the present study are limited to the United States. However, comparative studies of the gender division of housework suggest that there might be meaningful cross-national variations of gender division arrangements in parent care as well. While the analyses in this study focus on individual- and sibship-level attributes, a comparative approach would acknowledge that elder care behaviors are also embedded in national contexts and thus could shed light on how cultural sets of meanings and values as well as structural forces shape the gender division of elder care. For example, Thébaud (2010) shows how national orientations toward masculinity shape men's involvement in housework, and Hook (2006) finds that gender division of housework is also moderated by state policies. In other words, a comparative approach could offer insights with respect to cross-cultural differences as well as disentangle the effects of various policies on gender inequality in elder care. The availability of highly compatible data opens up possibilities for exploration in this direction.
Finally, the analyses presented here are limited in revealing foundational relational work (Zelizer 2012) that stands behind the observed patterns of caring labor division. In other words, while the findings presented here reveal the resultant patterns, they say little about the negotiations – relational work – that is involved in reaching, sustaining, or alternating these sibling arrangements. For example, who negotiates the arrangements in general, and when? Do adult daughters assume caregiving responsibilities automatically, or do they try to negotiate with their brothers? Is the parent involved, or do the children discuss it privately? Answering these questions would offer important theoretical advancements as well as suggest avenues for possible policy interventions.
REFERENCES


TABLES

TABLE 1. OLS REGRESSION COEFFICIENTS PREDICTING PARENT CAREGIVING AT THE INDIVIDUAL LEVEL, TOTAL SAMPLE

<table>
<thead>
<tr>
<th></th>
<th>Absolute Hours (1)</th>
<th>Standardized Share (2)</th>
<th>(3)</th>
<th>(4)</th>
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<td>Adult child’s attributes</td>
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<td></td>
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</tr>
<tr>
<td>Female</td>
<td>6.644***</td>
<td>5.402*</td>
<td>.192***</td>
<td>.255***</td>
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<tr>
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<td>-.331***</td>
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<td>Child-parent transfer squared</td>
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<tr>
<td>Parent-child transfer</td>
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<td>-.001</td>
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<tr>
<td>Eldest child</td>
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<td></td>
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<tr>
<td>Sibship gender composition</td>
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<td>.005***</td>
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<tr>
<td>Log (Number of functional limitations)</td>
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<td>-.085***</td>
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<tr>
<td>In nursing home</td>
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# $P < .10$
* $P < .05$
** $P < .01$
*** $P < .001$
## TABLE 2. OLS Regression Coefficients Predicting Parent Caregiving at the Individual Level, by Gender

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<tr>
<th></th>
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<tr>
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<td>.021</td>
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<tr>
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<td>-8.532*</td>
<td>-.056</td>
<td>-.083</td>
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<td>1.103</td>
<td>.002</td>
<td>-.009</td>
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<td>-13.633***</td>
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<td>Own home</td>
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<td>-8.115*</td>
<td>-.076*</td>
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<td>-.001</td>
<td>-.001</td>
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<td>.006**</td>
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<td>-.051</td>
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<td>.001</td>
<td>-.001</td>
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<td>Log (Number of functional limitations)</td>
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<td>-12.901***</td>
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<td>1,537</td>
<td>1,477</td>
<td>1,537</td>
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<td>.051</td>
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* $P < .10$

* * $P < .05$

** $P < .01$

*** $P < .001$
<table>
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<td><strong>Sons’ attributes</strong></td>
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<td>Number employed full-time</td>
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<tr>
<td>Number married</td>
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<tr>
<td>Average parent-child transfer</td>
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<td>-.082</td>
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<tr>
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<tr>
<td><strong>Daughters’ attributes</strong></td>
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<td>Average age (years)</td>
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<td>27.313***</td>
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<td>Age</td>
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<td>.488</td>
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<td>Non-White</td>
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<td>Married</td>
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<td>Log (Number of functional limitations)</td>
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* $P < .10$

* $P < .05$

** $P < .01$

*** $P < .001$
APPENDIX

### TABLE A1. PERCENT OF ELDER CARE PROVIDERS, BY RELATIONSHIP TO CARE RECIPIENT

<table>
<thead>
<tr>
<th>Relationship to the person who helps most with ADLs</th>
<th>Relationship to the person who helps most with IADLs</th>
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<tr>
<td>Spouse or partner</td>
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<tr>
<td>Son</td>
<td>4.8</td>
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<tr>
<td>Daughter</td>
<td>15.0</td>
</tr>
<tr>
<td>Spouse or partner of son</td>
<td>1.3</td>
</tr>
<tr>
<td>Spouse or partner of daughter</td>
<td>0.2</td>
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<tr>
<td>Other relative</td>
<td>7.5</td>
</tr>
<tr>
<td>Other individual</td>
<td>8.3</td>
</tr>
<tr>
<td>Institutionalized care</td>
<td>26.9</td>
</tr>
<tr>
<td><strong>N</strong></td>
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</tr>
</tbody>
</table>

NOTE. – Figures come from author’s calculations using the 2004 wave of the Health and Retirement Survey.

### TABLE A2. PERCENT OF ELDER CARE RECIPIENTS, BY RELATIONSHIP TO CARE PROVIDER

<table>
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<tr>
<td>Spouse</td>
<td>5.8</td>
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<tr>
<td>Parent</td>
<td>38.0</td>
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<tr>
<td>Parent-in-law</td>
<td>14.6</td>
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<tr>
<td>Other relative</td>
<td>15.9</td>
</tr>
<tr>
<td>Other individual</td>
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<tr>
<td><strong>N</strong></td>
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NOTE. – Figures come from author’s calculations using the 2011 wave of the American Time Use Survey.
### TABLE A3. MEANS AND STANDARD DEVIATIONS OF COVARIATES, INDIVIDUAL LEVEL

<table>
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<th>Adult child’s attributes</th>
<th>Mean</th>
<th>SD</th>
<th>Mean</th>
<th>SD</th>
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</thead>
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<td>Employed part-time (%)</td>
<td>.058</td>
<td>.234</td>
<td>.096</td>
<td>.295</td>
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<td>Employed full-time (%)</td>
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<td>.453</td>
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<td>Number of children</td>
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<td>1.599</td>
<td>1.926</td>
<td>1.518</td>
</tr>
<tr>
<td>Lives far away (%)</td>
<td>.580</td>
<td>.493</td>
<td>.549</td>
<td>.497</td>
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<tr>
<td>Own home (%)</td>
<td>.647</td>
<td>.477</td>
<td>.641</td>
<td>.479</td>
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<tr>
<td>Child-parent transfer ($ thousands)</td>
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</tr>
<tr>
<td>Parent-child transfer ($ thousands)</td>
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<td>.988</td>
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</tr>
<tr>
<td>Eldest child</td>
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<td>.459</td>
<td>.498</td>
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<tr>
<td>Sibship gender composition</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of brothers</td>
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<tr>
<td>Non-White (%)</td>
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<td>.396</td>
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<td>.417</td>
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<tr>
<td>Married (%)</td>
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<td>.500</td>
<td>.469</td>
<td>.499</td>
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<td>In nursing home (%)</td>
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<td>.076</td>
<td>.266</td>
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N = 1,477 1,537
## TABLE A4. MEANS AND STANDARD DEVIATIONS OF COVARIATES, SIBSHIP LEVEL

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<th>Sons Mean</th>
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<th>Daughters Mean</th>
<th>Daughters SD</th>
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<td>Number employed full-time</td>
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</tr>
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<td>Number living far away (%)</td>
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<tr>
<td>Average child-parent transfer (dollars)</td>
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<td>1.307</td>
<td>.078</td>
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</tr>
<tr>
<td>Average parent-child transfer (dollars)</td>
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<td>.549</td>
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</tr>
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<tr>
<td><strong>Daughters’ attributes</strong></td>
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<tr>
<td>Number employed part-time</td>
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<td>.188</td>
<td>.489</td>
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<tr>
<td>Number employed full-time</td>
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<td>Average parent-child transfer</td>
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<tr>
<td>Average age (years)</td>
<td>35.945</td>
<td>20.973</td>
<td>45.810</td>
<td>10.969</td>
</tr>
<tr>
<td><strong>Sibship gender composition</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of brothers</td>
<td>1.975</td>
<td>1.204</td>
<td>1.553</td>
<td>1.389</td>
</tr>
<tr>
<td>Number of sisters</td>
<td>1.605</td>
<td>1.440</td>
<td>2.008</td>
<td>1.261</td>
</tr>
<tr>
<td><strong>Parent’s attributes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age (years)</td>
<td>73.528</td>
<td>11.265</td>
<td>73.221</td>
<td>11.293</td>
</tr>
<tr>
<td>Male (%)</td>
<td>.357</td>
<td>.479</td>
<td>.351</td>
<td>.477</td>
</tr>
<tr>
<td>Non-White (%)</td>
<td>.213</td>
<td>.409</td>
<td>.218</td>
<td>.413</td>
</tr>
<tr>
<td>Married (%)</td>
<td>.489</td>
<td>.499</td>
<td>.488</td>
<td>.499</td>
</tr>
<tr>
<td>Income ($ thousands)</td>
<td>20.869</td>
<td>39.725</td>
<td>21.521</td>
<td>46.004</td>
</tr>
<tr>
<td>Number of functional limitations</td>
<td>3.151</td>
<td>2.765</td>
<td>3.177</td>
<td>2.784</td>
</tr>
<tr>
<td>In nursing home (%)</td>
<td>.081</td>
<td>.273</td>
<td>.815</td>
<td>.807</td>
</tr>
</tbody>
</table>

N | 2,461 | 2,488