The Moderating Effects of Gender, Socioeconomic Status, and Race/Ethnicity on the Association between Caregiving and Mental Health among Retired Older Adults

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Research Aims

Scholarship investigating the link between caregiving status and retired older adults' mental health has provided inconsistent evidence (Szinovacz & Davey, 2006). Guided by the linked lives assumption of the life course perspective, this study aimed to examine the association between caregiving status and mental health among continuously retired older adults, as well as moderating effects of their gender, socioeconomic status (SES; education, income), and race/ethnicity.

Research Questions

1) How does the caregiving status of retired older adults (transition to high intensity care T2 [i.e., 42+ hrs/year] or transition to low intensity care T2 [i.e., < 42 hrs/year] vs. no care) influence their mental health over time?

2) Do the associations between caregiving and mental health of retired older adults vary by gender, socioeconomic status (income, education), or race/ethnicity?

Data and Sample

Data: Two waves of the National Survey of Families and Households (NSFH). Time 1 (T1; 1987-1988) included 13,007 non-institutionalized American adults aged 19 and over. Time 2 (T2; 1992-1993) reinterviewed 10,008 of the original respondents from Time 1.

Analytic Sample: 897 (607 women, 290 men) main respondents who (a) were age 50 and over at T1, (b) were continuously retired between T1 and T2, (c) did not provide care at T1, and (d) did not provide in-household caregiving at T2.

Measures

Caregiving status: 3 caregiving status groups (high intensity caregiving, low intensity caregiving, no caregiving[reference group]) at T2, based on "… During the last 12 months have you, yourself, *given anyone not living with you at the time* any help or assistance because of their health problem or disability?" (1=Yes, 2=No)/ "During those weeks, about how many hours per week on the average did you spend providing help?" (Hrs/week).

Mental health: Depression (CES-D, 12 items; Negative/ Hedonic), Happiness (1-item; Positive/ Hedonic), Psychological wellness (18-item Ryff scale composite; Positive/Eudaimonic)

Analytic Sequence

The first step of analyses estimated gender interactions to examine gender moderating effects for the associations between caregiving status and mental health of retired older adults. Based on evidence of gender differences from these preliminary analyses, gender-separate models were estimated for women and men to further examine the moderating effects of race/ethnicity and SES (income and education).

All models also controlled for age (T1), marital status (T1-T2), number of children, and physical health change (T1-T2), as well as baseline mental health at T1.

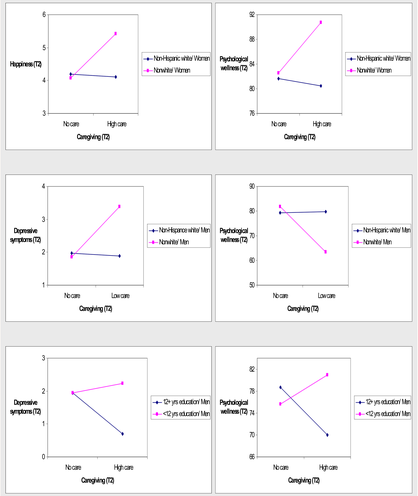
Results

(1) ***No main effects in the associations between the caregiving status of retired older adults (transition to high intensity care T2 [i.e., 42+ hrs/year] or transition to low intensity care T2 [i.e.,< 42 hrs/year] vs. no care) and mental health.***

(2) ***Nonwhite retired women benefited more from a transition to caregiving than white retired women***. Nonwhite retired women who provided high intensity care indicated a greater increase in happiness and higher levels of psychological wellness than nonwhite retired noncaregiving women, whereas white retired women who transitioned to high intensity care indicated happiness levels similar to white retired noncaregiving women.

(3) ***Nonwhite retired men suffered more from caregiving than non-Hispanic white retired men***. Nonwhite retired men who provided low intensity care indicated higher levels of depressive symptoms and lower levels of psychological wellness than non-caregiving nonwhite retired men. By contrast, non-Hispanic white retired men providing low intensity care indicated levels of depressive symptoms and psychological wellness similar to their noncaregiving counterparts.

(4) ***Less educated (< 12 yrs) retired men indicated mixed mental health results from caregiving***. Less educated retired men who provided high intensity care indicated higher levels of depression, but also higher levels of psychological wellness, compared to men not providing care, whereas more educated retired men who provided high intensity caregiving reported lower levels of depression and also lower levels of psychological wellness compared to noncaregiving peers.



Conclusions

Overall, findings suggest caregiving is linked to retired older adults' mental health, sometime beneficially, contingent on their education, race/ethnicity, and gender.