Caregiving and Clinically-Assessed Biological Risk Factors: Evidence from MIDUS II

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Introduction
Recent caregiving research has given increased attention to issues of how providing personal care for a family member can be linked to a caregiver’s physical as well as mental health. Nonetheless, research in this area has not yet often explored how the potential biological health impact of caregiving may vary due to differences in relationship type with the care recipient as well as differences in caregiver’s gender.

Research Aims
Guided by a life course perspective and bio-psychosocial approach to health, this study aimed to add to a population perspective on caregiving and health-related biological risks of family caregiving by (1) examining how providing caregiving for a child, spouse, parent, or parent-in-law due to their illness or disability (in contrast to not providing caregiving for any kin or nonkin) is linked to allostatic load (a 15-item composite measure of biological risk) and three subscales of allostatic load (metabolic dysfunction, inflammatory dysfunction, hypothalamic-pituitary-adrenal axis/sympathetic nervous system [HPA/SNS] dysfunction) among married adults.

H1. Does caregiver’s gender moderate the link between caregiving and health-related biological risks?

Data and Sample

2. Analytic Sample: Data from a subsample of MIDUS II respondents ages 35 to 86 that were recruited for additional clinical and biological assessment (N=740).

Hypothesis & Research Question

Re: H1: Results indicated that providing caregiving for a parent-in-law (vs. no caregiving) was associated with higher risks in allostatic load and metabolic dysfunction. Also, providing caregiving for a parent (vs. no caregiving) was linked to higher risks in HPA/SNS dysfunction.

Results

Table. Estimated Unstandardized Regression Coefficients for the Effects of Caregiving and Health-Related Biological Risks
Note: Reference group is noncaregivers for all caregiving contrasts.

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
</tr>
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<tbody>
<tr>
<td>Reference</td>
<td>-.00</td>
<td>-.00</td>
</tr>
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<td>Child Care</td>
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<tr>
<td>Spouse Care</td>
<td>-.37</td>
<td>-.37</td>
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<tr>
<td>Parent Care</td>
<td>-.24</td>
<td>-.24</td>
</tr>
<tr>
<td>Parent-in-law Care</td>
<td>1.00**</td>
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Re: R1: Models evaluating moderation of caregiving risks to health-related biological risks by caregiver’s gender revealed that women caregivers who were providing caregiving for their parents-in-law indicated higher risks in allostatic load than their noncaregiving peers.

Conclusions

Results of this study suggest that providing caregiving for a parent-in-law (in contrast to no caregiving) is associated with significant higher risks across multiple dimensions of health-related biological risks—allostatic load and metabolic dysfunction—for married adults. Additionally, gender is an important moderator of health risk for women caregivers who are providing caregiving for their parents-in-law in biological health risks.