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Review article

Gender Disparities in Care Allocation among Informal Elderly Caregivers: A literature Review

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Abstract

To comprehensively understand of the informal caregiving experience, it is essential to conduct an in-depth investigation into the caregiving context, including gender, family dynamics, and the caregiver's cultural background. Among these factors, considerable research attention has been dedicated to examining the impact of gender on caregiving.

The objective of this study is to scrutinize studies that explore the association between informal care and the well-being of caregivers, with a particular focus on gender disparities within the caregiving domain. A systematic literature retrieval was conducted by querying the Medline, Scopus, and Web of Science databases.

The search strategy incorporated specific Medical Subject Headings (MeSH) terms, including "informal care", "caregiver", "health problems", "employment difficulties", "social problems", "gender", and "gender disparities".

Earlier investigations into gender distinctions among caregivers for older adults have demonstrated a predominance of female caregivers, disparities in caregiving experiences, mental and physical health-related challenges, time allocation dedicated to caregiving, exposure to unpaid labor, inequalities in the distribution of unpaid work, caregiving responsibilities, and economic implications, including disparities in remuneration and pension entitlements. To promote gender equality and achieve a balance between family and work responsibilities for both men and women, there is a need to redistribute informal caregiving tasks between genders and between family and government entities. Key policy measures to address gender disparities in the provision of home care services at a national level can be grouped into four main categories: improving the quality, accessibility, and availability of long-term care; including gender considerations in the design and implementation of family leave policies and flexible work arrangements; removing economic barriers for caregivers' employment; and challenging traditional gender roles and stereotypes.

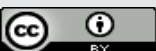
Keywords: informal care, caregiver, elderly, health problems, employment difficulties, social problems, gender, gender disparities.

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Introduction

Global population aging and the simultaneous increase in life expectancy have resulted in family caregiving becoming a nearly ubiquitous phenomenon. The overwhelming proportion of the world's care requirements is fulfilled by individuals who provide informal and unpaid care. As reported by the European Commission of the Directorate-General for Employment, Social Affairs, and Social Inclusion in 2021, approximately 60% of elderly individuals in countries belonging to the Organization for Economic Cooperation and Development (OECD) solely depend on informal caregivers for their care needs. Quantifying the number of informal caregivers represents a crucial step in comprehending the magnitude of their contributions [1]. It is estimated that the value of unpaid caregiving on a global scale amounts to 5% of the world's Gross Domestic Product (GDP) [2].

Unpaid caregiving provided by family and community members makes a substantial economic contribution to society. In France, the economic value of informal elderly care was estimated to range from €12 billion to €21 billion in 2019, accounting for 0.5% to 0.9% of the Gross Domestic Product (GDP) (Roy, 2019) [3]. In the United Kingdom, estimates of the cost of informal care for both the elderly and adults vary from £58.6 billion to nearly £100 billion annually, constituting 2.1% to 3.5% of GDP [4]. In Canada, the economic contribution of unpaid middle-aged and older caregivers looking after older adults was estimated at around 25-26 billion in 2009 [5,6]. Caregivers tending to individuals with dementia were estimated at approximately 1.4 billion Canadian dollars in 2016, with a projected increase to CAD 2.4 billion by 2031 [7]. In the United States, the cost of informal care for the elderly was estimated at \$522 billion annually (using the opportunity cost method) in 2011-2012 [8]. A significant portion of this cost can be attributed to the labor contribution of women, who often serve as

the primary caregivers [2]. Nevertheless, despite the substantial economic value of unpaid caregiving and its relief to the healthcare system, informal care often remains underappreciated [9].

Unpaid caregiving is largely done by women. In many countries, about 80% of informal caregivers are women [10]. Of these women, between 57% and 81% are also taking care of someone, often as wives, daughters, or daughters-in-law, depending on their family's structure and cultural norms [11]. This happens because society has long held the view that caregiving is primarily a woman's role, and family members who have fewer job opportunities are often expected to provide care. This unequal distribution of unpaid caregiving work negatively affects women in multiple ways. It can reduce their overall quality of life [12], limit their ability to participate in the workforce, resulting in differences in employment, pay, and retirement [13]. Additionally, caregiving can also harm caregivers' physical and mental health [13-17].

To truly understand how caregiving affects people, we need to consider factors like the gender of the caregiver, their family relationships, and their cultural background. Among these factors, gender has received the most attention in research. In our study, we focused on informal caregivers, defined as unpaid individuals (like spouses, family members, friends, or neighbors) who help others with daily tasks or medical needs according to the Family Caregiver Alliance [18].

Our goal was to review studies that looked at how informal caregiving impacts the well-being of adult caregivers who take care of older adults at home. We examined how caregiving influenced their health, work, finances, social life, and family relationships. We also looked at whether there were differences between men and women in how caregiving affected them.

Literature search strategy

In April 2023, we conducted a comprehensive review of the existing literature by searching in the Medline, Scopus, and Web of Science databases. Our search strategy utilized MeSH (Medical Subject Headings) terms, including "informal care", "caregiver", "health problems", "employment difficulties", "social problems", "gender", and "gender differences". We combined these terms and their synonyms using the "AND" operator, and we employed truncation (indicated by "*") to ensure a more extensive search. Our study focused on the adult working-age population, both men and women. We specifically considered unpaid care provided to the elderly and required a comparative analysis of gender differences for inclusion in the studies.

We looked at the impact of caregiving on people's mental and physical health, which includes conditions like feeling down, anxious, stressed, overall well-being,

Main part

When studying caregivers of older adults, we discovered the following main themes related to gender

The prevalence of women in the role of providing care for older adults

Unpaid caregiving is most common among groups that research indicates might face the most stress from it. These groups include older adults,

and how satisfied they are with their lives. We also checked how caregiving affected their work and money matters, as well as their relationships with others and their family. In addition, we manually searched for relevant articles on Google Scholar, and the ones that met our review criteria were included in our study.

Our inclusion criteria specified full-text articles in English that were published between 2013 and 2023 and directly addressed our research question. Two reviewers independently conducted the screening, data extraction, and quality assessment. In total, the sources included in our review amounted to 43 articles, which consisted of observational studies (38), meta-analyses (1), and systematic reviews (4). These articles were categorized based on their overarching themes, and we subsequently summarized and analyzed their findings.

differences:

who may be in a spousal relationship with the person they're caring for, and middle-aged women with many responsibilities [10,11,19].

Even though women make up the majority of caregivers, factors like longer life expectancy, more women working outside the home, and smaller family

sizes have increased the expectation for men to also take on caregiving roles for older individuals [20].

Differences in the caregiving experiences and mental and physical health problems

Numerous studies have found that men and women have different experiences when it comes to caregiving. Women who take on caregiving roles often face social inequalities because of cultural expectations. They tend to feel a heavier burden compared to men [12,21,22].

In a systematic review of 15 studies, researchers aimed to understand how providing informal care for elderly family members affects the health of different groups of caregivers. The results indicated that caregiving could have a negative impact on the mental and physical health of informal caregivers. However, the extent of these health effects varied based on the specific group of caregivers. Female caregivers, those who are married, and those providing intensive care appeared to experience more negative health consequences as a result of caregiving [23].

In a study in Sweden involving 629 informal caregivers, researchers wanted to find out which groups of older caregivers felt the heaviest emotional burden and saw their health decline more rapidly. They discovered that people juggling dual roles (providing and receiving care simultaneously), caring for a spouse, living in the same home as the person they care for, and dedicating more time to caregiving tended to experience more limitations and burden. Being a woman and having a limited social network were linked to worse health outcomes [24].

During the COVID-19 pandemic, it became clear that informal caregiving is heavily influenced by gender. In a study conducted in Germany, researchers found that there were gender differences in anxiety levels during the pandemic. Female informal caregivers experienced more anxiety and lower quality of life compared to their male counterparts. These differences in anxiety were related to how caregivers perceived the threat of the pandemic, with men worrying more about the health of the person they were caring for and women worrying more about their own health. Therefore, when addressing the impact of a pandemic, policies and interventions should pay special attention to supporting female caregivers, who seem to be particularly vulnerable during such times [25].

Globally, women exhibited a 40% higher likelihood than men of labor force exit in 2020 due to the exigency of tending to unwell family members [26]. A comprehensive assessment of longitudinal investigations [21], probing into the correlation between informal unpaid caregiving and the mental health of adults within the working-age bracket in affluent OECD nations, disclosed an adverse linkage between informal unpaid caregiving and the mental health of working-age adults. When stratified by gender, the detrimental influence on mental health was consistently discerned among women but not men.

The World Health Organization's (WHO) Study of Global Ageing and Adult Health (SAGE), overseen

Time spent on care, duration of care

Gender disparities in the allocation of caregiving time have been investigated in multiple studies. Although some findings have been inconclusive, a

by Bhan et al. in 2020, delved into gender disparities concerning informal caregiving and well-being across a cohort of 28,611 adults aged 18 and older in Ghana, India, Mexico, Russia, and South Africa. The investigation unveiled the ensuing outcomes: Female caregivers demonstrated a heightened propensity to report moderate difficulties in activities of daily living, experience mild to moderate anxiety, and manifest pronounced depressive symptoms in contrast to non-caregiving women. Furthermore, even among women who were not involved in caregiving, the presence of an ailing family member at home corresponded to pronounced challenges in daily living activities. In contrast, male caregivers exhibited an elevated likelihood of reporting mild to moderate anxiety and severe to extreme anxiety compared to their counterparts without ailing family members [27].

A study conducted by researchers from Maastricht University in the Netherlands examined 5197 Dutch caregiver-care recipient dyads, comparing informal caregivers in home settings with those in long-term care (LTC) facilities. The study aimed to assess the connection between caregiver characteristics and positive and negative caregiving outcomes. The findings indicated that home caregivers experienced slightly lower caregiver-related quality of life compared to caregivers in LTC facilities. Several caregiver characteristics, such as being female, younger in age, cohabiting with the care recipient, bearing a higher objective burden, reporting lower self-rated health, and receiving more support, were associated with an increased burden and/or decreased caregiver-related quality of life [28].

The demographic implications of caregiver age might necessitate distinct policy responses in low- and middle-income countries. A meta-analysis sought to compare levels of caregiver burden and psychological distress between older and younger caregivers in low- and middle-income countries. The analysis encompassed 1348 households where informal caregivers provided in-home care for older individuals. Both unadjusted and adjusted models, accounting for potential covariates, demonstrated no significant difference in caregiver burden and psychological distress between older and younger caregivers. However, adjusted pooled estimates indicated a lower prevalence of psychological distress among older caregivers (OR = 0.61, 95% CI: 0.41-0.93) [29,30].

Hence, the provision of care to elderly individuals imposes an augmented load on health, particularly mental health, for both genders. Nonetheless, the available evidence points towards the possibility that this burden may be substantial and exhibit distinct manifestations in women relative to men.

substantial body of evidence suggests that women tend to devote more time to caring for older individuals in comparison to men [31,32].

In a comprehensive study conducted in the United States, it was observed that women, on average, dedicate a greater portion of their lifetime to caregiving in contrast to men. Women expend an average of 6.1 years, constituting nearly 10% of their adult lives, while men allocate an average of 4.1 years, which amounts to slightly over 7% of their adult lives ($p < 0.05$ for the difference in years). The proportion of remaining life expectancy devoted to caregiving attains its zenith at varying ages for men and women. For men, this apex occurs around the age of 70, translating to nearly 16% of their remaining life, or approximately 1 to 2 years, dedicated to eldercare. In the case of women, this peak arises between the ages of 50 and 69, where around 15% of the remaining life, equivalent to roughly 4 to 5 years, is expended on caregiving [33].

Individuals who initiate substantial and sustained family caregiving, characterized by the provision of continuous in-home care for at least 18 months and a minimum of 5 hours per week, have reported diminished psychological well-being but relatively fewer impairments in physical health, as gauged through self-report measures. These effects remained consistent across variables such as race, gender, and care recipient attitudes. Notably, younger caregivers exhibited more pronounced increases in depressive symptoms compared to their older counterparts [29,34].

Individuals who initiated substantial, sustained family caregiving, providing continuous in-home care for a minimum of 18 months and at least 5 hours per week, reported a decline in psychological well-being, although they exhibited relatively less impairment in physical health as assessed through self-report measures. These effects remained independent of variables such as race, gender, and care recipient attitudes. Notably, younger caregivers demonstrated greater increases in depressive symptoms compared to their older counterparts [29,34].

A study investigating socioeconomic, demographic, and health-related variations in care receipt among older adults reporting physical limitations in Mexico revealed noteworthy findings. Among those with limitations in Activities of Daily Living (ADLs), they received an average of about 10.7 hours of daily care, whereas those with at least one limitation in Instrumental Activities of Daily Living (IADLs) received about 7.7 hours of daily care. Women exhibited a higher likelihood of receiving care assistance with ADLs compared to men. Moreover, individuals with chronic conditions like hypertension, diabetes, and arthritis received more extensive care support encompassing both ADLs and IADLs [35,36]. Although informal caregiving, in and of itself, does not exhibit an inherent association with adverse health outcomes and heightened mortality, specific caregiving types and durations have demonstrated negative repercussions [37].

A group of researchers in the United States examined a sample comprising 539 men and 782 women to investigate whether gender disparities in time allocation at home, encompassing informal adult caregiving and housework, could elucidate the gender discrepancy in depression among older adults. Their findings revealed that both women ($p < 0.05$) and men ($p < 0.05$) experienced increased depressive symptoms in association with informal adult caregiving. Conversely,

the time devoted to housework was correlated with a reduction in depressive symptoms among women and female caregivers ($p < 0.01$). This suggests that, despite the time spent at home, women may encounter elevated depression symptoms relative to men [38].

Molarius (2023) conducted research demonstrating that the lowest prevalence of depression among women was observed in those who allocated between 11 and 30 hours per week to housework. In the case of men, the prevalence of self-reported diagnosed depression was highest among those dedicating 0-2 hours per week to housework, although no other statistically significant connections were established between time spent on housework and depression. Furthermore, a substantial dose-response relationship was identified between the perception of housework as burdensome and depressive symptoms, as well as self-reported diagnosed depression, among both women and men [39].

In contrast, a longitudinal cohort study conducted in Australia from 2002 to 2020, examining the relationship between unpaid labor and mental health in a sample of 21,014 working-age adults, yielded significant results. The study revealed that an increased allocation of time to housework was negatively associated with mental health in both men (OR = 0.974, 95% CI: 0.96, 0.99) and women (OR = 0.991, 95% CI: 0.98, 1.001). A comparable negative association was observed in women engaged in caregiving for adults (disabled or elderly) (OR = 0.973, 95% CI: 0.96, 0.99). In contrast, enhanced childcare time for women was positively linked to mental health (OR = 1.016, 95% CI: 1.01, 1.02), and outdoor work was positively associated with mental health in men (OR = 1.069, 95% CI: 1.04, 1.09) [40].

The combined responsibilities of caregiving and work significantly increased the likelihood of women experiencing chronic diseases, being underweight or overweight, and reporting poor health by 0.63%, 1.69%, and 2.35%, respectively. This "double burden" effect intensified as the hours dedicated to caregiving and work increased. Remarkably, women providing more than 20 hours of care per week and working for more than 50 hours per week exhibited the most pronounced health deterioration [41].

Research has found that when it comes to caregiving tasks, the differences between men and women are mainly seen in tasks related to personal care. Women tend to be more involved in these tasks compared to men [13,27]. Additionally, these variations in caregiving tasks are affected by various factors. These factors include the gender and the extent of disability of the person needing care, the relationship between the caregiver and the care recipient, the marital and job status of the caregiver, the structure of the family, the social and economic status, and the race or ethnicity of the individuals involved in caregiving [42].

Research shows that women tend to provide more extensive care for longer periods and are often responsible for meeting the basic physical needs of those they care for, especially when it comes to caregiving for individuals with dementia [42]. In the context of dementia caregiving, many caregivers experience a significant burden, which tends to increase over time when they lack access to support services. Factors related to the care recipient, such as more severe neuropsychiatric symptoms, decreased functional

abilities, limited medication use, the absence of driving skills, and the caregiver's gender (with female caregivers experiencing more burden), have been linked to an increased burden. These factors are also better predictors of caregiver burden [43].

In a study involving 309 caregivers and patients with Alzheimer's disease in China, family members faced challenges related to depression, anxiety, and sleep problems. Most of the primary caregivers were elderly women and spouses who worked full-time, leaving them with limited personal time. The caregiver's functional abilities, reduced life satisfaction, and their own experiences of depression and anxiety

Gender differences in exposure to unpaid work, inequalities in the distribution of unpaid work

Informal caregiving has a notably adverse impact on women's employment prospects and working hours, with more pronounced consequences in Southern European nations compared to Northern and Central European countries [46]. These negative effects are more prevalent when caregivers provide intensive care (20 hours or more per week) and cohabit with the care recipient [45].

In 2018, Eurostat reported that nearly one-third of women in the European countries held part-time jobs, while only 8% of men did (Eurostat, 2019). Working women dedicated an average of 22 hours per week to unpaid work, whereas their male counterparts spent less than 10 hours on such tasks (Eurofound, 2015). Unpaid work is a routine aspect of daily life for many individuals, particularly women. Disparities in

Caregiving responsibilities and economic consequences: differences in pay and pensions

The economic implications of family caregiving can be seen on individual, family, and societal levels. These include: (1) A decrease in the caregiver's available financial resources due to expenses incurred; (2) Costs related to hiring a caregiver who must reduce working hours, exit the workforce, and forego income, benefits, and career prospects to provide care; and (3) Costs borne by employers who must replace workers leaving the workforce due to caregiving responsibilities. Consistently, research in caregiving highlights that caregivers of older adults with significant impairments are more likely to experience economic repercussions [48,49].

The risk of financial strain is particularly relevant for low-income caregivers (and their families)

Care options and mechanisms

In an investigation of gender disparities in well-being within partner care configurations across four distinct social care systems in Europe, notable findings emerged. The utilization of shared care involving formal providers was associated with diminished well-being in women relative to men, with a significant reduction in well-being observed among women in Southern Europe who had partners participating in shared formal care. Conversely, when partner care was delegated to informal providers, men consistently reported higher levels of well-being across diverse care contexts. However, this care arrangement was correlated with lower well-being for women in Southern Europe [51].

Among the observed factors, such as partner health, socioeconomic status, age, and family characteristics like the presence of adult children,

played a role in the caregiver burden. The severity of the patient's dementia and the personal characteristics of the caregivers were also linked to the extent of caregiver burden [44].

The analysis of the data reveals that there are mixed relationships between providing informal care and negative health consequences for the caregiver. These studies underscore the significance of factors like the caregiver's demographics, socioeconomic status, and the characteristics of both the caregiver and the care recipient. It's also important to consider the specifics of the care provided, such as how long it's given and the level of care required.

the division of unpaid work expose women to a higher risk of experiencing mental health issues compared to men. A systematic review conducted by Ervin et al. (2022), encompassing 19 studies and a total of 70,310 participants, identified significant gender differences in the exposure to unpaid work and the persistence of unequal distribution. Among working adults, unpaid work has a negative impact on women's mental health, while its effects on men are less evident [46,47]. A cross-country analysis demonstrates that in nations where women dedicate a substantial amount of time to unpaid caregiving and where a significant gender gap exists in terms of caregiving hours, the wage gap between genders is also more pronounced.

with limited financial means, caregivers living far from the older care recipient, and caregivers with restricted or no access to paid leave (if they are employed) [53]. Some studies have also investigated how family caregiving influences women's current and future employment and retirement security. For example, research indicates that women who leave the workforce while providing care may encounter difficulties when attempting to reenter the job market once their caregiving responsibilities have concluded [50]. The economic impact of intensive caregiving is likely linked to the substantial hours of care and supervision required by this population, as well as the expenses associated with hiring additional assistance.

correlations have been established with both partner care arrangements [52] and well-being outcomes [53]. As these factors exhibit gender-specific variations, it is imperative to consider their influence when exploring the gender-specific moderation in the relationship between partner care and well-being.

In care settings characterized by strong societal norms regarding women's caregiving roles and limited access to formal care services, the practice of shared caregiving with a formal partner can introduce additional stressors for women. This stress may stem from the social stigma associated with not conforming to the expected role of being the primary caregiver for their partner [58].

Presently, global reforms in long-term care are increasingly assigning caregiving responsibilities to family members. This heightened reliance on informal home-based care amplifies the feminization of poverty, resulting in women experiencing consequences such as job seniority loss, reduced participation in social security programs, diminished future pension benefits, and constrained career pathways. Alleviating the disproportionate caregiving burden on women is a critical necessity for policy development. Within the realm of caregiving, it is imperative for policymakers to account for the array of potential caregiving arrangements and the role of gender when assessing the well-being of prospective caregivers. Furthermore, it is essential to consider the cross-national disparities in gender-related family norms and caregiving preferences, as well as variations in the availability of formal caregiving options.

In care settings with strong normative expectations for women's care and low availability of formal care, shared care with a formal partner

Applied to Kazakhstan

Global trends indicating an increasing elderly population and growing demand for long-term care are manifesting in Kazakhstan. Projections estimate that by 2050, the number of individuals aged 65 and older will double, surging from 1.4 million in 2019 to 3.4 million. Furthermore, their proportion within the nation's total population will elevate from 7.5% in 2019 to over 14% in 2050 [55].

Recent statistics reveal that approximately one in five elderly individuals in Kazakhstan requires some form of assistance, with a notably higher prevalence of need among those aged 60-69 (22%) and those aged 70 and above (31%). In instances where physical assistance is necessary, a significant majority, 69% of individuals aged over 65, seek help from their children, while only a mere 0.8% opt for social services [56,57]. This preference may be attributed to socio-cultural factors and the limited development of formal caregiving services [58,59]. The prominence of family-based care for the elderly in Kazakhstan is rooted in traditional family values that emphasize the responsibility of caring for close relatives, influenced by cultural norms. This practice is further shaped by the nation's specific stage of economic development, which limits alternatives for care outside the family structure [58]. Notably, akin to patterns in most countries worldwide, women in Kazakhstan predominantly shoulder the

Conclusions

The unclear inconsistent research findings on whether men and women differ in their caregiving roles indicate that gender isn't a major factor influencing the quality of caregiving. To make caregiving less challenging and help informal caregivers cope better, it's crucial to challenge and change traditional beliefs about gender roles and empower individuals, regardless of their gender.

To achieve this, the responsibility for providing care at home should be shared more equally between both men and women, and this duty should be a joint effort between families and the government. This approach ensures that both men and women have equal opportunities in both their work and family lives, striking a better balance between their professional and family responsibilities.

potentially creates additional stressors for women. This may reflect the social stigma of not fulfilling socially expected roles as the sole caregiver for their partner [54]. Current long-term care reforms globally are increasingly shifting caregiving responsibilities to family members. The significant focus on informal home care leads to further feminization of poverty (loss of seniority, lack of social contributions, lower future pensions), narrowing career trajectories for women, and entrenching women's status as unpaid home workers. Reducing the disproportionate burden of care for women is a critical requirement for policy development. In the context of care, it is important for policy makers to consider the diversity of possible care arrangements and the role of gender when examining the well-being of potential caregivers. In addition to a single country context, cross-national differences in gendered family norms and preferences for care, as well as in the availability of formal care options, need to be taken into account.

primary caregiving responsibilities, including the care of family members in need.

The Family and Gender Policy Concept of the Kazakhstan 2030 aims to promote gender equality, responsibility, fairness, and efficiency in how family members perform their various roles, such as family, economic, moral, educational, and protective responsibilities. In order to enhance women's economic and political status in society, there are plans to incorporate gender-sensitive indicators into the national accounting system, which will measure unreported domestic care work, informal sector employment, home-based work, and paid domestic work. Additionally, there will be improvements to labor laws with a focus on gender equality [60].

In our literature search, we discovered only one publication discussing gender equality in employment in Kazakhstan [61]. However, we could not find any studies that explored the connection between informal, unpaid caregiving and its impact on the well-being, encompassing health, employment, financial situation, social aspects, and family issues among adult home caregivers. We also did not find research investigating gender differences in informal caregiving in Kazakhstan.

At the government level, policies should target four key areas to reduce gender inequalities in providing home care services: enhancing the quality, affordability, and accessibility of long-term care; implementing policies that consider gender differences in family leave and flexible work arrangements; removing financial obstacles that prevent caregivers from working outside the home; and challenging deeply ingrained gender stereotypes and norms.

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Егде жастағы адамдарға күтім жасайтын бейресми тұлғалар арасында өзара күтімді бөлудегі гендерлік теңсіздік: Әдебиеттік шолу

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Түйіндеме

Үй жағдайында жасалынатын бейресми күтім тәжірибесін толық түсіну үшін күтім жасаушының жынысы, отбасылық қарым-қатынасы және мәдени көзқарасы секілді күтім контекстіне әсер ететін нақты факторларды зерттеу қажет. Аталмыш факторлардың арасында әсіресе жыныс пен жастың күтімге әсер етуі назар аударлады.

Бұл зерттеу Medline, Scopus, Web of Science мәліметтер базаларын пайдалану арқылы жүзеге асырылды. Іздеу стратегиясы келесі MeSH (Медициналық Ақпараттандырушы Тақырыптар) терминдерін қамтыды: "бейресми күтім", "қамқоршы", "денсаулық проблемалары", "жұмыс проблемалары", "әлеуметтік мәселелер", "жыныстық факторлар", "гендерлік айырмашылықтар".

Егде жастағы адамдарға бейресми күтім жасаушылардың арасындағы гендерлік айырмашылықтар туралы алдыңғы зерттеулер әйелдердің бұл рөлде басым екенін көрсетті. Сонымен қатар күтім жасау тәжірибесіндегі айырмашылықтарды, сондай-ақ психикалық және физикалық денсаулық проблемаларын, күтімге жұмсалған уақытты бөлуді және төленбейтін жұмыстың әсер етуіндегі айырмашылықтар, төленбейтін жұмысты бөлудегі теңсіздік, сондай-ақ, жалақы мен зейнетақы төлемдеріндегі айырмашылықтар орын алған. Гендерлік теңдікке қол жеткізу, ерлер мен әйелдердің отбасылық және кәсіби міндеттері арасындағы теңгерімді қамтамасыз ету үшін үй жағдайындағы күтімді жыныстар арасында да, отбасы мен мемлекет арасында да қайта бөліп қарастыру қажет. Ұлттық деңгейде үйде күтім көрсету қызметтерін жүзеге асырудағы гендерлік теңсіздікті азайтуға бағытталған маңызды саясаттық шараларды келесі санаттарға бөлуге болады: ұзақ мерзімді күтім қызметтерінің сапасын және қолжетімділігін арттыру; отбасылық демалыс пен икемді еңбек тәртібін қолданылуда гендерлік қорғауды енгізу; жұмыспен қамтуға байланысты бейресми қамқоршылар үшін экономикалық кедергілерді жою және қалыптасқан гендерлік нормалар мен стереотиптермен күресу.

Түйін сөздер: бейресми қамқоршылар, бейресми күтім, қарттар, денсаулық мәселелері, жұмыс мәселелері, әлеуметтік мәселелер, гендер, гендерлік айырмашылықтар.

Гендерные различия в распределении ухода среди неформальных лиц, осуществляющих уход за пожилыми людьми: Литературный обзор

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Резюме

Для более полного понимания опыта неформального ухода требуется более точное изучение контекста ухода, который включает в себя такие аспекты, как пол, семейные отношения и культурный фон ухаживаемого лица. Из всех этих факторов особое внимание исследователей привлекает вопрос о влиянии пола на процесс ухода.

Целью данного литературного обзора было провести анализ исследований, посвященных взаимосвязи между неформальным, неоплачиваемым уходом и благополучием (или его отсутствием) в контексте здоровья, рабочей деятельности, финансов, социальных и семейных аспектов у взрослых лиц, выполняющих уход за пожилыми людьми на дому. Особое внимание уделяется исследованию гендерных различий в контексте неформального ухода.

Для выполнения поиска литературы были использованы базы данных Medline, Scopus и Web of Science. Стратегия поиска включала следующие термины MeSH: "неформальный уход", "уход за больными", "проблемы со здоровьем", "проблемы на работе", "социальные проблемы", "половые различия", "гендерные различия".

Предыдущие исследования гендерных различий среди лиц, осуществляющих неформальный уход за пожилыми людьми, показали преобладание женщин в этой роли, а также выявили различия в опыте ухода, а также проблемы с психическим и физическим здоровьем, распределение времени, затрачиваемого на уход, а также различия в подверженности неоплачиваемому труду, неравенство в распределении неоплачиваемой работы и разницу в оплате труда и пенсионных выплатах. Для достижения равенства между полами и обеспечения сбалансированности между семейными и профессиональными обязанностями для мужчин и женщин необходимо перераспределять заботу на дому как между полами, так и между семьей и государством. Важные меры политики, направленные на уменьшение гендерного неравенства в предоставлении услуг по уходу на дому на национальном уровне, могут быть разделены на четыре основные категории: улучшение качества, доступности и доступа к услугам долгосрочного ухода; внедрение гендерной защиты в концепцию и использование отпусков по семейным обстоятельствам и гибкого графика работы; устранение экономических барьеров для лиц осуществляющих неформальный уход, касающихся занятости и борьба с закрепившимися гендерными нормами и стереотипами.

Ключевые слова: неформальные опекуны, неформальный уход, пожилые, проблемы со здоровьем, проблемы на работе, социальные проблемы, гендер, гендерные различия.