Women’s health is intimately connected to their roles as mothers, partners, and daughters. Women are often the main providers for their children’s health and well-being, and are usually their children’s critical link to the health care system. Many women also help manage their partners’ health needs, and over one in 10 women are taking care of an aging or chronically sick relative, often a parent. Although women assume the bulk of family health responsibilities, the influence of these added duties on their health and well-being is often not delineated or recognized. However, these responsibilities are just a portion of the myriad of financial, family, and other obligations that women must balance to meet their families’ needs. And many women undertake these tasks in the face of difficult circumstances, including their own health problems, limited financial resources, and while raising children and working. For many of these women, balancing family health needs with other commitments is a heightened challenge.

This chapter discusses the roles that women play in their families’ health care, including the decisions they make on behalf of their children, the impact their multiple roles have on their own stress, and their roles as caregivers to ill or aging relatives.
Women are the primary caretakers of their children's needs, including their health. Nearly four in 10 adult women (38%) have dependent children (under age 18) at home. Women with children often face challenging time constraints and must balance multiple obligations. One in four (26%) women with children are single parents and slightly over six in 10 work outside the house. Four in 10 have limited resources, with family incomes below 200% of poverty. Many mothers are also contending with their own health problems—18% are uninsured, one-quarter have a chronic health condition, and 12% are in fair or poor health status (data not shown). In addition to their regular childrearing responsibilities, over one in 10 mothers are also caregivers for a chronically sick or disabled family member.

Women's roles in family health are central, as they are the primary coordinators of health care for their children. The vast majority, approximately 80%, of mothers shoulder main responsibility in the family for selecting their children's doctor, taking them to doctor's appointments, and arranging for their children's follow-up care. Decisions about children's health insurance coverage are more likely to be a joint responsibility with a spouse, yet still a majority of women (57%) assume the primary role in this area.
Women face multiple sources of stress, particularly economic problems and to a lesser though significant extent, health care issues. Over one in 10 women report that their own health needs and those of a family member caused them a lot of stress. A greater proportion of women than men report managing their own health needs (13% and 9% respectively) and those of their parents (15% and 11% respectively) as very stressful. Job-related stress and financial concerns are similar between men and women, with each of these areas causing a significant amount of stress (data not shown for men).

Women in fair or poor health clearly experience higher levels of stress than women in better health. Particularly of note is the high proportion of women in fair or poor health who report that managing their own health needs or the health needs of a spouse or child causes a lot of stress, three to five times the rate of women in better health. Job and financial stress are also higher for women in fair or poor health, affecting nearly four in 10 women.

In addition to their regular family obligations, 12% of women care for a family member who is chronically ill, disabled, or elderly, compared to 8% of men. Nearly one-half of these women are caring for a parent or parent-in-law (47%), 18% for a spouse, 12% for a child, and the remainder (22%) for other relatives (data not shown). These caregivers often have multiple roles and responsibilities and often face economic and health challenges of their own. Many are low-income and have chronic health problems. Caregivers cross the age spectrum: 41% are 18 to 44, 42% are 45 to 64, and 16% are 65 and older. Four in 10 caregivers have children under age 18 and nearly six in 10 are employed outside the home (56%). A significant portion (40%) are in families with household incomes below 200% of poverty, compared to 29% of non-caregivers. And, many caregivers are also dealing with their own serious health problems. Almost one-half have a chronic health condition and one-quarter report their health as fair or poor.
Caregivers provide assistance across a wide range of daily activities. Nearly all provide assistance with housework, shopping, and errands. Transportation is the next most common caregiving activity, with eight in 10 women providing this care to a family member. Two-thirds of caregivers assist with financial issues (e.g., dealing with bills, insurance, and paperwork) and participate in medical decisions for their relative. Six in 10 provide medically-related care, such as help with medications, injections, and equipment. And, four in 10 provide assistance with physical care activities, such as dressing and bathing. Many informal caregivers do not receive formal training in these tasks and must learn how to perform them to keep up with their relative’s health needs.

A sizable share of caregivers spend the equivalent time as a full-time job caring for their sick family member. The weekly time involved in caregiving ranges from fewer than 5 hours per week (18%) to more than 40 hours (29%). Low-income caregivers spend more time in caregiving for their family members than women with incomes of 200% of poverty and higher, who have more resources to pay for professional care. Forty-four percent of low-income caregivers assist 40 hours or more compared to 17% of caregivers with family incomes over 200% of poverty. Family caregivers are not generally paid for their time, and for those who do it on a full-time basis, their ability to earn income through outside work is compromised, which may be particularly hard on low-income women.

Data source: 2004 Kaiser Women’s Health Survey, Kaiser Family Foundation.
Their multiple roles and commitments take a toll on family caregivers. Forty percent report that they are very concerned with being able to balance caregiving with other responsibilities and an additional 32% are somewhat concerned. Maintaining one’s own health was also an issue for many caregivers (45% very concerned), many of whom have chronic health problems. Many of these women are also stretched for time. Forty-two percent are very concerned with having enough time for family members because of caregiving responsibilities.

Exhibit 7g

Caregiver Concerns, Women Ages 18 and Older

Percent of caregivers reporting they are very or somewhat concerned about caregiving responsibilities’ impact on:

- Balancing Caregiving with Other Responsibilities: 40% very concerned, 32% somewhat concerned, 72% total concerned.
- Maintaining Own Health: 45% very concerned, 24% somewhat concerned, 69% total concerned.
- Having Enough Time for Family*: 42% very concerned, 26% somewhat concerned, 68% total concerned.

*Among those who are married, living with a partner, or have children under 18 in the household.
Response scale: very, somewhat, not very, not concerned at all.
Data source: 2004 Kaiser Women’s Health Survey, Kaiser Family Foundation.