GENDER AND MARITAL STATUS AS CORRELATES OF PSYCHO-SOCIAL WELL-BEING OF INFORMAL CAREGIVERS OF CHILDREN WITH PHYSICAL DISABILITIES

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ABSTRACT

The contribution of gender and marital status to psycho-social well-being cannot be over emphasised. Dearth of literature on the contribution of both gender and marital status to the well-being of parents of children with physical disabilities in Nigeria informed this paper. Hence, this finding is a contribution to the understanding of the role of gender and marital factors in ensuring psycho-social well-being of informal caregivers of children with disabilities. Through quantitative method, data were collected from 812 informal caregivers who were accessed through their children. Ryff's (1989) psychological well-being scale with alpha coefficient of 0.70 and a Guttman split half of 0.36 were used to measure informal caregivers' well-being. . Results indicated that men have significantly more positive well-being than their women counterparts (t=-32.92, df=805, p= <.05). Also married respondents reported significantly higher level of psycho-social well-being than the single and divorcees. There was also no significant difference in the level of well-being of single parents and divorcees. F(2,804)= 15.67, p= <.05).The study concluded that gender and marital status have significant influence on the psycho-social well-being of caregivers of children with physical disabilities.Therefore, appropriate recommendations were made.

Key words: *Gender, Marital status, Informal caregivers, Psycho-social, Well-being and Children with physical disabilities*

Introduction

Women are far more likely than men to assume the role of unpaid caregivers in families and communities. According to projections from the America Bureau of Labour Statistics (2012), women will make up nearly half of the workforce forty-seven percent (47%) by 2014, and they will make up fifty-one percent (51%) of the new additions to the labour force, between 2004 and 2014. With this projected increase in female workforce participation, and given that females make up the majority of all caregivers, care giving will pose financial challenges for many female workers as a consequence of lost wages from reduced work hours, timeout of workforce, family leave, or early retirement (Family Caregiver Alliance, 2008). Although men also provide assistance, female caregivers may spend as much as fifty percent (50%) more time providing care than male caregivers (Family Caregiver Alliance, 2008). Studies have also shown that single caregivers experience more negative aspects of

caregiving than spousal caregivers (Coen, 1985). Psychological well-being of adult children caregivers, unlike spousal caregivers, is very sensitive to the amount of care they provide and the extent to which there is an appraisal of the burden (Lawton et al., 1991). Women engage in caregiving than their male counterpart.

In Nigeria, there are more women caregivers than men and in most cases right from when a child is discovered to be with disability, the care of such child falls heavily on the mother. Many of these women at times are blamed for the disabilities of these children and are made to be responsible for their care. Divorce and separation are common features associated with the birth of a child with disability in a home. The financial aspect of the care and other aspects of care such as routine hospital visitations by the mother, bathing, feeding and transportation, pose stressful situations that impact on the well-being of these women. Being a single parent, divorced or separated spouse leaves the individual with the sole responsibility of caring for the child with disability while caregivers with partners could enjoy the assistance of their partners in caring for such children. The presence or absence of a marital partner to care for a child with disability determines the level of stress and burden associated with caring for a child with disability. When it is only a partner that cares for the disabled child and other non-disabled children in the home, it becomes a stressful activity that could impinge on the overall well-being of the individual. Therefore, it becomes important to examine gender and marital status as it affects the well-being of informal caregivers of children with disabilities.

Statement of the problem

Literature has paid relatively marginal attention to how care giving affects men (Winqvist, 2010). It is both timely and relevant to pay more attention to the experiences of male caregivers, as men have gradually become more involved in caregiving over the last decades (Carmichael & Charles, 2003). In addition, men may become even more involved in the future, because of a greater need for informal care and greater gender equality in work and domestic roles, a development that is perhaps nowhere more evident than in the Nordic countries (Mencarini & Sironi, 2012). Nonetheless, it is expected that possible associations between caregiving and psychological well-being are more negative for women, who tend to carry a larger load of caregiving responsibility (OECD, 2011). Also, Age longevity indicates that elder care will increasingly be provided by children who are themselves elderly.

On the one hand, caregiving may be less demanding in older age, because of fewer responsibilities and role conflicts (e.g., between work and family). While on the other hand, caregiving in older age may be more physically challenging, and more stressful because of fewer potentially stress-buffering roles and activities. The gender differences are consistent with the fact that women more often tend to be a primarily disposed to caregiving and more emotionally involved in the recipient's situation, and that caregiving may be more physically challenging and entail less social recognition for women than for men (Pinquart & Sörensen, 2005). The partnership status differences may reflect that single caregivers have less access to social support, which is a critical buffering factor against caregivers' distress (Borg & Hallberg, 2006). In the future, because of increasing

need for informal care and growing female employment, more adult children are expected to combine family caregiving with paid work. The objectives of this study, therefore, is to examine the role of marital status on psycho-social well-being of informal caregivers and assess the impact of gender on psycho-social well-being of informal caregivers.

Research Questions

Two research questions are postulated for the paper which are:

i. How does marital status contribute to psycho-social well-being of informal caregivers?

ii. What is the significance of gender in psycho-social well-being of informal caregivers?

Literature Review

Men and women may experience the burden of care differently. Study shows that women had higher score in care giving to depressed and burden people compared with men (Schneider, Steele, Cadell and Hemsworth, 2010). This can be explained by social gender role and hormonal factors. Related to social role, women were predominant in care giving. In other words, women spent more time in care giving than men. Many research studies show that single caregivers experience more negative aspects of care giving than spousal caregivers (Cohen,1985). According to Lawton et al., (1991) the psychological well-being of adult children caregivers, unlike spousal caregivers, was very sensitive to the amount of care they provided and the extent to which there was an appraisal of the burden. The authors argued that the different results for the two groups could be explained by their different perceptions of care giving.

For spousal caregivers, a caring husband/wife is part of an experience of marital commitment and human development. Therefore, the objective of care giving workload does not impact the spousal caregiver's appraisal of burden and psychological well-being. For children caregivers, however, caring for a parent is an extra activity in addition to current roles. Therefore, they are more burdened, and their psychological well-being is challenged by the amount of caregiving workload (Lawton et al., 1991). Some researchers, however, argue that spousal caregivers are more vulnerable to psychological and physical morbidity in some aspects. Spousal caregivers have also showed higher levels of burden and depression, and lower subjective well-being than other care giving groups (Pinquart & Sorensen 2003). Hooker et al. (1998) mentioned that spousal caregivers are already fragile populations due to their own health issues and lack of social support. Therefore, this population is an ideal care giving sample to examine chronic stress; the immune system, and cardiovascular response (Hooker et al., 1998).Caregivers who co-reside with their care receivers had higher depression and burden than those who live apart from the care receivers (Zanetti et al., 1997). In fact, some studies prove that co-residency is not significantly related to caregiver's mental health (Song, Biegel, & Milligan, 1997). These inconsistent results infer that institutionalisation of the care receiver is not the end of care giving but a continuum of care giving (Clyburn et al., 2000). The Canadian study of health and aging working group (2002) documented that the depression of dementia caregiver group did not disappear even after the care receivers' institutionalisation. Many studies have identified the importance of marital status in caregiving, pointing to the heightened risk of widowhood (Cohen, Cochrane & Goeriing

1996) or more generally not being married (Shapiro &Tate, 1988 & Hughes et al., 2005;). Living alone, which is associated with marital status, was identified as a risk factor in additional studies (Branch & Jette, 1982). Studies which evaluate the impact of home care and case management services on the use of nursing homes have relevance.

Hughes et al., (2005) reported that participation in a home care service programme was associated with lower risk of nursing home admission. The National Long Term Care Demonstration reported no significant reduction in admission (Wooldridge & Schore, 1998). It should be noted that assessment of social supports has not received the same care as that of functional limitations, and that conclusions concerning the importance of social support have been based on single item measures of socio-demographic characteristics, rather than detailed assessment of support networks. In America, majority of the elderly needing long-term care are usually cared for by informal caregivers. In fact, only seven percent (7%) of those that have family caregivers are in institutional homes (U.S. Administration on Aging, 2000). Women have been found to be essential in care giving roles as they provide majority of care needed by spouses, parents, parents-in-law, friends and neighbours and it is estimated that the value of care provided by women in the U.S is between $148 billion and $188 billion annually (Navaie-Waliser et al., 2002). Although there are male informal caregivers, more female spend more of their time in care giving than male (Family Caregiver Alliance, 2001). Majority of the women are young and tend to outlive their husbands. This places them in a position of long-term care providers and at same time care recipients (U.S. Census Bureau, 2000). As more women join the workforce, the expensive nature of care giving and the time out of work for care giving, many women caregivers face financial challenges that incapacitate them from meeting family needs. In fact, it is estimated that 33% of working women decreased work hours, twenty-nine per cent (29%) passed up a job promotion, training or assignment, 22% took leave of absence, twenty per cent (20%) switched from full-time to part-time employment and 16% quit their jobs (National Alliance for Care giving & The National Centre on Women and Aging, 1999).

Another study reveals that female caregivers retire five times more than non-care giving women. Female caregivers with many care recipients have 50% chances of retiring earlier than non-care giving women (Older Women's League, Women and long-term Care, 2003). Female caregivers do not increase work hours even when they have stopped care giving and those who went back to full-time employment are most likely to earn lower wages, have a "benefit-poor" job and receive reduced retirement benefits (Dettinge r& Clarkberg 2002). Apart from financial challenges, women caregivers experience a high level of stress from depression, anxiety and other mental challenges. Besides, women caregivers are likely to suffer depressive or anxious symptoms six times more than non-care giving women (Vlasblom & Schippers 2004). The amount of care giving provided by a female caregiver per week determines the impact of care giving on health. Furthermore, the numbers of time spent on care giving may likely determine the escalation of mental health consequences (Vlasblom & Schippers, 2004). Women caregivers are also likely to experience other symptoms such as a higher level of hostility and decline in happiness, increase in symptoms of depression, less personal mastery, less self-

acceptance and high care giving-related stress (Gallant & Connell, 1998; Marks, Lambert & Choi, 2002;).

METHODOLOGY

The study employed *expost facto* research design. It is non- experimental research in that the event had already happened and the researcher is only interested in how the variables influenced one and other.

Eight hundred and twelve (812) informal caregivers of children with disabilities were accessed through their wards from different special schools in the selected states of Lagos, Oyo and Ondo respectively for the study. Multi-stage sampling procedure was used in sampling the respondents. Three states were randomly selected from the six states in the southwest geo-political zone. The second stage of the sampling procedure consisted of purposive selection of two senatorial districts in Oyo and Lagos while one was selected in Ondo state. The third stage is stratified probability sampling method which was used to select children in various special schools whose caregivers took part in the study.

The caregivers' psycho-social well-being was measured using the 18-item versions of Ryff's (1989) psychological well-being scale. The scale has six subscales: autonomy, personal growth, positive relations with others, purpose in life, self-acceptance and environmental mastery. High scores indicate high level of psychological well-being. Previous studies indicated that the scale had a high reliability co-efficient of 0.70 and a Guttman split half of 0.36 (Ryff& Keyes, 1995). The measurement of this variable is important as it is the variable of interest to the researcher. Some of the items in the questionnaire were adapted and revalidated to fit into the Nigerian study. Although the instruments used are standardised scales and have been used in different studies, these instruments were subjected to pre-test. T-test and one way Anova was used to test the research questions. These statistical tools are best for testing degree of differences among variables.

Results

Table 1: Showing Gender Difference in Psycho-social Well-being of Informal Caregivers

SEX	N	Mean	SD	df	T	P
MALE	352	56.51	8.00	805	-32.920	< .05
FEMALE	455	70.51	3.76			

The table above shows the difference in psycho-social well-being of male and female caregivers of children with disabilities. The t-test result is obtained at -32.920 while the obtained p-value is greater than 0.05 level of significance. The result implies that gender determines psycho-social well-being of informal caregivers of children with disabilities. Men have a significant higher level of well-being than their female counterparts.

Table 2: Showing Marital Status Difference in Psycho-social Well-being of Informal Caregivers

	SS	df	MS	F	p
Between Groups	2542.886	2	1271.443	15.670	< .001
Within Groups	65235.421	804	81.139		
Total	67778.307	806			

The result in table 2 shows that there is a significant marital status difference in the psycho-social well-being of caregivers of children with disabilities. Married respondents have significantly higher level of well-being than both single and divorcees.

Table 3: Showing Multiple Comparison of Psycho-social Well-being of Informal Caregivers by Marital Status

(I) Marital Status	(J) Marital Status	Mean Difference (I-J)	Std. Error	Sig.
MARRIED	SINGLE PARENT	3.46309*	.81328	.000
	DIVORCED	5.48464*	1.32564	.000
SINGLE PARENT	MARRIED	-3.46309*	.81328	.000
	DIVORCED	2.02156	1.46617	.168
DIVORCED	MARRIED	-5.48464*	1.32564	.000
	SINGLE PARENT	-2.02156	1.46617	.168

Table 3 shows a further analysis of multiple comparison between married, single and divorcees. The results show that married respondents reported significantly more psycho-social well-being than both the single and divorcees 3.46309*. There is however, no significant difference in the psycho-social well-being of the single -3.46309*and divorced -5.48464*caregivers of children with disabilities.

Discussion

The findings from this study extend the understandings of the impacts of gender and marital status of informal caregivers of children with physical disabilities on psycho-social well-being. The results reveal that there is a significant relationship between marital status and psycho-social well-being of informal caregivers of children with physical disabilities. Thus, differences exist between marital status with regards to the psycho-social well-being. Gender is a strong predictor of becoming an unpaid caregiver. Women are far more likely than men to assume the role of unpaid caregivers in the family. This is because women traditionally are assigned the role of care giving in the home. The presence of a disabled child in the home could make this role be more challenging for the women. Studies suggest that mothers are often the ones looking after children with disabilities and not the fathers. This was like a given responsibility for mothers while fathers supported from a distance.

In practice, mothers are the ones making decisions on what to do with their children with disabilities, although they may not be the head of the household because fathers do not want to be involved in the care process. Sex and marital status are social variables that influence people's life and play

important role in the determination of psychological well-being. The findings of this study show that more male informal caregivers of children with physical disabilities have high psycho-social well-being than their female counterparts. More married informal caregivers, however, have high psycho-social well-being than both single and divorced informal caregivers of children with physical disabilities. Different theories on well-being lend support to these findings. Such theories like social well-being of Keyes (1998) states that demographic factors such as sex and marital status are correlates and predictors of well-being in that they determine individual access to good things of life that bring life satisfaction. Men are placed in vantage position in the stratification hierarchy where they are the head to make provision for the rest of the family. Men are expected to go out and work and make money while women are to stay back at home and play the domestic role of taking care of the young and the older members of the family. This role denies women of economic power that can enhance their psycho-social well-being. Their economic powerlessness, traditional role as caregivers and the presence of a child with disability in the home that requires additional care, places a great burden on women that usually give women negative outcomes. Being married also connotes that burden of care can be shared among the partners so as to reduce the burden of care giving.

Married informal caregivers of children with disabilities are more likely to have positive well-being than both single and divorced caregivers in that the latter are without partners with whom they could share responsibility of care with. Their lack of partners and the additional care responsibility placed on them by their children with disabilities pose as stressors that bring about their poor psycho-social well-being. This view is in agreement with Yee and Schulz (2000) who stated that female caregivers experience excess psychiatric morbidity attributed to care giving and those women are at greater risk for psychiatric morbidity than men. Al-Kuwari (2007) concluded in support of these findings that educated mothers who care for disabled children have a protective effect on developing psychiatric morbidity.

In a similar view, Roth et al. (2007), in corroborating this study, stated that low psycho-social well-being is associated with lower perceived caregiver of being female, white, or unmarried, living alone, being older than 85, and having worse self-rated health, whereas white men showed the largest differential. Kersh, Hedvat, Hauser-Cram and Warfield (2006) confirmed in agreement with the findings that for both mothers and fathers of children with physical disabilities, greater marital quality predicted lower parenting stress and fewer depressive symptoms above and beyond socio-economic status, child characteristics and social support. Marital quality also added significant unique variance for mothers but not for fathers, whereas, fathers' greater social support predicted increased parenting efficacy. They concluded that marital relationship to parental well-being is very important to consider in their psycho-social well-being.

Moreover, gender interacts with marital status to influence the composition of care giving networks. Barrett and Lynch (1999) also in contrast to the findings in this study, concluded that widowed and people who never married have helping networks that are larger than the married people. This may be attributed to sympathetic feelings expressed to them by close associates as a result of their loneliness.

Recommendations

Findings from the study provide insight into formulation of framework that has to do with dealing with psycho-social well-being of informal caregivers of children with disabilities. Hence, the following recommendations can help drive caregiving in the country:

1. Government should come up with a good policy that would address the problem of informal caregivers such as a Family Centred Approach system that recognises that a special needs child achieves optimum function within a supportive family and community context, and that the child is affected (both positively and negatively) by the stress and coping abilities of other family members.
2. This approach should also incorporate the view of family as being unique; irrespective of family type such as single, separated or divorced.
3. It should emphasise that, in most cases, the family is the one constant factor in the life of every child. Through this approach policy must identify and build on a family's existing strengths and recognise that the family's informal social support network is a primary resource for meeting the family's needs.
4. Government Policy must also target family-centred goals through supports and services that promote strengthening the parents' and family's ability to enhance the child's development.
5. The need for partnership between the health professionals such as psychologists, nurses, and social workers and caregivers and recipients cannot be overemphasized. Quality care depends largely on this partnership as it enables caregiver's access to information about illness and treatment of their children with disabilities. It also removes frustration experienced by caregivers as a result of lack of information about available services for their children.

Conclusion

Findings revealed that differences exist between marital status and the sex with regards to the psycho-social well-being. Women are far more likely than men to assume the role of unpaid caregivers in family due to the fact that women have been ascribed the traditionally role of caregiving in the home. This role is more likely to expose them to some psychological factors such as anxiety, depression, role conflict, etcetera which may impact on their psycho-social well-being. Morever, single parents and divorced parents with children with disabilities who in most cases are women experience more stress as a result of not having partners who could share the burden of care with them. This tends to have a negative impact on their health and also on the well-being of their children with disabilities. Caregivers' well-being is very important in that their own personal well-being is a precursor to the well-being of their own children with disabilities and those who are without disabilities.

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