

« Informal care outside the household: effects on housework, leisure and childcare within couples in France »

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Résumé

With the ageing of populations, long-term care issues are an increasing consideration in public policies. In most countries, a large part of care for older people is provided informally and free of charge, by family members and other relatives. In France, 3 million older people receive care at home, with a median volume of five hours of informal care per week as against 55 minutes of formal care provided by professional caregivers. For half, informal care is their exclusive source of support (Brunel, Latourelle et Zakri, 2019). Long-term care is a field of social life in which gender differences are especially marked, women being the predominant source of both professional and informal care for older adults. In France, 60% of the 3.9 million informal caregivers are women (Besnard et al., 2019). They provide intensive and frequent help with daily-life activities (household chores, personal care), while men specialize in administrative tasks and outside activities (transport, grocery shopping) (Bonnet et al., 2013).

In a context of concerns about the financial sustainability of social protection systems, informal care may be perceived as an effective way to limit public spending on long-term care. It may, however, generate indirect costs borne by the caregivers. The effects of informal care on caregivers' health and labour supply have been widely studied in the economic literature (Bauer et Sousa-Poza, 2015 ; Bom et al., 2019) Most studies show that caregiving has an adverse impact on physical health, on mental health at least in the short and medium term, with stronger negative health consequences for intensive caregivers and women. On labour supply, findings are more mixed. While informal care has generally little or no effect on labour force participation, it is frequently associated with a reduction in working hours. There is no consensus on wage effects, with some studies showing lower wages for caregivers and others finding no significant effect. The effects on labour supply strongly depend on both the intensity and the duration of caregiving episodes and seem to be more negative for women.

However, very few empirical papers have investigated the consequences of informal care provision on caregivers' family, couple and social life. This paper addresses the following question: to what extent does informal care outside the household affect time allocation within couples? Exploring this question is worthwhile for at least three reasons. First, it highlights how caregiving can affect the quality of the marital relationship. In collective models, marital stability and the quality of the relationship are positively affected by investment in marriage-specific capital such as buying a house, having children and investing in their education, dividing home versus market work. Hence, a reduction in time spent on activities like housework and joint leisure may have a detrimental effect on the quality of the relationship. Second, it may help explain how caregiving affects health. A psychology study found that intensive caregivers report lower marital happiness scores and higher marital role inequality (Bookwala, 2009). In addition, research in psychology and public health investigating samples of caregivers has shown that leisure activities are associated with greater well-being and better mental health

outcomes, potentially mitigating the adverse effects of providing informal care. Third, addressing this issue could shed light on the trade-off made by caregivers, who split their time between work, care, social and personal life.

Time constraints should lead to a substitution effect between time spent on informal care outside the household and allocation of time within the household. Indeed, home production is often affected by the (non) availability of time, especially related to work status (Been, Rohwedder et Hurd, 2021 ; Bonsang et van Soest, 2020). However, within a couple, informal care provision may be perceived as private time if it affects only the caregiver's utility. In this case, caregivers may maintain their degree of participation in joint leisure and household chores to limit the effect on their partner's utility. Conversely, if caregivers perceive informal care as (voluntary) work, they may bargain for a decrease in their relative participation in household tasks, asking for some support from their partner (Flèche, Lepinteur et Powdthavee, 2020).