Gender and Intra-household Organization for the Care of the Disabled in Mexico[1]

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Abstract:
This paper shows, based on a subsample of households where at least one member had a severe disability of the 2002 Mexican National Time Use Survey, that men are less involved caregiving activities than women in their household ($p<0.001$). Nevertheless, the degree of men and women's involvement depends on the degree of participation of other household members. We identify four different patterns of organization that members can follow to care for their disabled: a) No resident cares; b) there is only one principal carer; c) there are several carers, with one principal carer; and d) there are several carers, contributing equally. When men live alone with the disabled person, they are as likely as women to provide care ($p<0.995$). When men live with other persons in the household, they are less likely than women to participate in caregiving ($p<0.001$), but they contribute to certain activities iteratively.

Introduction

The objective of this paper is to document the different role that men and women play in the care of the disabled in Mexico. In understanding these gender differences, we prioritize the different resources that households have (in terms of number and sex composition of household members), and the ways they organize to care for their disabled members.

Our study refers to the care that household residents provide for disabled members of all ages, independently of the relationship with the carer. By doing this, we have in our sample households in different stages of the life cycle. We follow this strategy in an effort to bridge two pieces of the literature that are particularly important for understanding gender differences on caregiving: On the one hand, the evidence that siblings organize to care for their parents and that different individuals perform distinct functions (Hequembourg and Brallier 2005; Matthews and Rosner 1988). Also important in this line, is that individuals take into account how much their siblings are involved in the care of their parents when they decide to get involved themselves (Wolf et al. 1997), and that there is a clear gender pattern in this organization, with daughters more involved in the care of their parents in the case of the U.S. (Matthews and Rosner 1988; Wolf et al. 1997). On the other hand, there is evidence that men tend to be the primary caregivers when they are married to an elderly in need (Agree and Glaser 2009; Center on an Aging Society 2005).

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We show, based on a subsample of 164 households of the 2002 Mexican National Time Use Survey (ENUT) that contained at least one household member with severe disabilities, that men in are less involved in kinds caregiving –including assistance with activities of the daily living, emotional, or accompanying the disabled- than women in their household ($p<0.001$). Nevertheless, the degree of men and women's involvement depends on the degree of participation of the other household members. In this sense, we identify that households can follow four different patterns of organization to care for their disabled: a) No resident cares for the disabled; b) there is only one principal carer; c) there are several carers, but one still carries the role of the principal carer; and d) there are several carers, with all of them contributing equally to the care of the disabled person. When men live alone with the disabled person –and thus the only potential carers in the household, they are as likely as women to provide care ($p<0.995$). When men live with other persons in the household, they are less likely than women to participate in caregiving ($p<0.001$). However, when living with others, men's participation increases as there are other household members contributing to care activities, especially in those cases where there is still a primary caregiver.

This paper makes a contribution to the literature on caregiving on several fronts. First, it extends the line of work that shows that siblings organize to provide care for their elderly parents by showing that a similar kind of organization happens between other relatives living in the same household, including spouses, parents and grandchildren and non-consanguineous relatives. Second, it shows that the different ways to organize to provide care interact with household resources, kinship and individual-level characteristics to factor in the probability that individuals participate in the care of disabled individuals in their households. Third, because we do no limit our analyses to the care of the elderly, we explore whether households in different life cycle stages differently to care for their disabled members.

Past studies about family care in Mexico

In the case of Mexico, all past studies about family care have focused on the middle-aged and elderly. An analysis based on a nationally represantative sample of adults 60 years and older captured all the sources of instrumental, domestic and economic assistance, and showed that women were slightly more likely than men to provide

support there were some gender differences in the suport mechanisms. Fifty two percent of the reported carers were women, versus forty eight percent who were men. Among the male carers, 16% were husbands and 62% were sons. Even when men were more likely than women to give economic help, around a tenth of them participated at least once a week with the activities of daily living, and a fifth of them provided assistance with domestic activities (Montes de Oca 1999), which speaks about the participation of men in their wives' and mothers'care.

Another set of studies in Mexico have focused on the explanation of why elderly parents receive intergenerational transfers (economic and time alike) from their children. The majority of these take the parents as the unit of analysis, and lump all contributions together, not distinguishing between who in the network of potential caregivers participated and who did not (see for example, Wong 1999, Wong and Higgins 2007). These studies have revealed that the probability of receiving care is positively associated with the number of children alive (Wong and Higgins 2007) and that the number of girls is even more important than the number of sons (Ham-Chande, Zepeda Ibáñez, and Torres Martínez 2003).

According to the results of Wong and Higgins (2007), who analyzed the changes in monetary and time exchanges between middle-age individuals and their adult children and grandchildren in a two year period, intergenerational help is very fluid. This study also revealed that the probability of receiving help depends on the level of need: health shocks such as reports of new diseases or a worsened status in the activities of daily living (ADLs) or the instrumental activities of daily living (IADLs) between 2001 and 2003 increased the probability that an individual older than 50 received time-help from their children or non-children.

As mentioned above, past studies in Mexico have not explored whether there is some sort of organization or specialization of functions when there are several potential carers, but the results of Solís (1999) suggest that this may be the case. He finds that 27% of all adults seventy five years old and older in Mexico receive assistance at least twice a week from two or more people, who are majoritarily women.

Our study explores whether there are different forms in which household residents organize to provide care for the disabled in Mexico, and if gender plays a role in this organization.

Data and methods

This study uses data from the 2002 National Time Use Survey (Encuesta Nacional de Uso de Tiempo or ENUT by its Spanish Accronym) a nationally representative survey of 5,450 households that collected detailed sociodemographic information on all household members, including the presence of any severe disability, and detailed time use information for all household members 12 years and older. In the 170 households in the sample where there was a disabled resident, household members were asked how much time they had spent the previous week assisting the disabled in their home with activities of daily living (feeding, bathing, cleaing, dressing or toileting); talking to them or giving them some sort of special therapy; and driving them and accompanying to the physician and other errands.[3]

Because our study refers to family support networks, we restrict it to the subsample of 164 households where there was at least one disabled resident who shared the household with one or more residents 12 years old and older. Of these, five have two disabled members and the rest have only one. In forty percent of the households, the disabled were sixty years old or older (see table 1) and had cognitive or mobility problems (49% and 30%, respectively). In addition to these persons, the households were occupied by an average of 2.86 members 12 years old or older, although this number is lower in households were the disabled is 60 years old or older (2.48 *vs*. 3.11, $p<0.02$, not shown in table 1).

--Table 1 about here –

Households with elderly disabled tend to be at a later life cycle stage, as their members are older and more likely to be the spouse or children of the disabled than in the households were the disabled is younger (see table 2). In households were the disabled is younger than 60, the potential carers who live with them are disproportionately their parents and siblings.[4] About half (54%) of all the individuals 12

[3] The time spent in these activities is captured with ten different questions: "1) Did you help "…" eat? 1a) How much time did you spend doing that? 2) Did you bath, wash, clean, dress "…" or help him/her do it herself? 2a) How much time did you spend doing that? 3) Did you help "…" go to the bathroom or did you change his/her diaper? 3a) How much time did you spend doing that? 4) Did you give "…" any special therapy (including physical therapy) or chat with him/her? 4a) How much time did you spend doing that? 5) Did you drive "…" to the doctor, or to his/her therapy or to run any errand or accompany him/her while he/she did it? 1a) How much time did you spend doing that?"

[4] The ENUT did not ask directly about kinship networks with the disabled person. We reproduced these through the kinship networks of all members with the household head. This method was not problematic except in the cases of couples that were in their second or third union with children from previous unions

years and older who live with a disabled person are women; there are no observed differences between men and women in the kinship relationship to the disabled, or on the age of the disabled person.[5]

--Table 2 about here --

In the remaining of the paper we calculate t-test and probability differences between men and women in different indicators of their involvement in the care of the disabled members in their household; we then identify, based on the data, four different patterns of household organizations for the care of the disabled and explore whether these are correlated with men's and women's participation; and end the paper with a logistic regression model that attempts to explain the participation of men and women in the care of the disabled household members in their home.

Gender differences in household members' participation in the care of the disabled in Mexico

One in every two persons 12 years old and older who live in household where there is someone with a severe disability spend at least some of their time caring for them (see table 3). Men are, in general, less involved than women in the support activities that the ENUT inquiried about. Sixty five percent of the women, compared to 27% of the men provided some help to the disabled in their household during the week previous to the survey ($p<0.001$), and the overall time that both sexes allocated to these tasks differs as well, with women dedicating an average of 11.47 hours per week, and men dedicating 4.2 hours less ($p<0.03$).

Looking at the participation within particular activities one finds that men are less likely than women to assist their disabled coresidents with their ADLs, to give them emotional support, and to drive them and accompany them when they need to be taken to different appointments (all these differences between men and women are significant with $p<0.001$). In addition, when men collaborate with feeding or bathing their activities, they spend an average of two hours less per week on these activities than women do ($p<0.03$ for feeding, and $p<0.02$ for bathing).

(which we did not know). In those cases we had to assume that the children of the household head were the children of his/her spouse as well.

[5] Not shown. Results are available upon request.

It is notheworthy, that men and women who spend time giving emotional care to the disabled member of their household allocate the same amount of time to this activity (5.47 vs. 5.56, $p<0.95$).

--Table 3 about here –

Classification of families according to how they organize to care for the disabled

One of the factors that can affect men and women's participation in the care of the disabled person in the household is the participation of the other members in their home, and the way that they organize to provide for all the care needed. Synthesizing the literature from family organization and gender in caregiving, one can hypothesize that women are more likely to be primary caregivers; that men are more likely to participate in caregiving in those cases when there is no one else to give care (for example when they are the spouses); and that else they participate only when there are other household members providing care as well, and their participation is marginal compared to that of other members. These hypotheses are based on the fact that men have been shown to participate in the care of their spouses when in need, both in other countries and in Mexico (Agree and Glaser 2009; Montes de Oca 1999); and that women participate more routinely in the care of their disabled parents, while men are available carers, but only for specific activities (Matthews and Rosner 1988).

Because there is no past research in Mexico about the ways in which families organize to care for their disabled members, in this section we present the results of an empirical classification we defined, based on an analysis of the 164 households in our data. We defined the following four categories, going from the most inequitable distribution of care labor to the most equitable distribution of care labor among household members:

1. **No resident cares for the disabled person**. This can mean that the disabled persons need no special care, or that they are not receiving it from the persons that live with them at home. In a household with a young boy of seven who is blind, no one reported any time aiding her, probably because she is self-sufficient. In another household, a widowed 42 year-old woman was living with her sick 78 year old father and her 74 year old mother who cannot walk. Despite her parents ailments, she did not report any time taking care of them.
2. **There's only one principal carer**. This classification includes those families where only one person lives with the disabled person, and those households

where more than one person live with the disabled, but only one person cares for him or her. Serving as an example of the first case, there is a household where a 65 five year old woman, with mobility problems, lives alone with her single daughter. Being the principal carer, the week prior to the survey, the daughter spent a total of 8.5 hours helping her mother get a shower, dressing her and assisting with her toilet functions. As an example of a household with more than one person living with the disabled person, but only one caring for her, there is a household with five members composed by the male head, aged 75 and now blind, his wife, aged 70, and their three single children: two daughters (26 and 15) and one son (16 years old). In this case, the sole responsibility of caring for the disabled elderly falls on his wife, who spent a total of 11.5 hours helping him eat, shower and dress.

3. **There are several carers, but one still carries the role of the principal carer**. A typical example of such a household is one (folio 1170600), where two thirteen year old siblings (a boy and a girl) help their 33 year old mother to take care of their mentally ill brother[6]. In this case, the mother is the principal carer, and she spent a total of 26 hours of the last week feeding her son, cleaning him, and talking to him. The girl dedicated a total of seven hours assisting only with the shower and dressing, while the boy helped eventually (less than one hour during the week) to feed his brother, and he provided emotional assistance talking to him.
4. **There are several carers, and all of them contribute equally to the care of the disabled person. This is the more equitable of the family organizations, when it refers to the care of the disabled members**. It is important to note that the fact that there are several carers does not mean that all the persons in the household are involved in the care of the disabled. Take the case of one household where the male head (39 years old) lives with his wife (36), his two adolescent daughters (19 and 13 years old) and his 36 year old brother who is paraplegic. During the week prior to the survey, the three women in the household spent two hours each helping the disabled person in their home eat, the wife of the head and the oldest daughter spent two hours each bathing and

[6] Unfortunately the ENUT did not collect date of birth of all the household residents. As a consequence, we cannot know whether these two siblings are twins or not. We suppose, from the data, that these are close births, with the sister being slightly older because she is more advanced in school than her brother.

dressing him, while the youngest daughter spent three hours aiding him with his toilet functions. The household head (the brother of the disabled person) did not spend any time assisting with these functions.

Table 4 shows the distribution of all households in the sample according to this classification, and then further divided by two variables that we deem of interest: the age of the disabled person in the household, and household structure (whether the disabled person lives with one only person –a man or a woman- or with two or more persons).

-- Table 4 about here --

The care of the disabled seems to be very concentrated in a few household members. In 54% of the households in the sample, all care activities rely on only one person, and on another fourth they are shared among several members, but there is still a member who contributes more than the others. It is important to note that disabled individuals in 14% of the households in the study do not receive any care from their household members.

There are no significant differences in the way that households organize to care for their members depending on the age of the disabled person, nor on the proportion of the households where the disabled members are cared for ($p>0.10$ for all the indicators).

Household structure determines the way that household members can organize to care for their disabled residents in several ways. When only one person lives with the disabled person, he or she does not have any other option but to be the principal carer. Households with more members, on the contrary, can distribute care functions among their residents, which is what happens in the case of Mexico –although this distribution is not completely equitable. This explains the fact that there are no significant differences between the households with only one resident and with two or more residents in the proportion of households where the disabled receives care ($p<0.181$), but there are significant differences in the proportion of households where there is only one carer ($p<0.001$).

In addition to comparing households where there is only one household member living with the disabled person, with households where there are two or more members,

table 4 compares households where the only member living with the disabled person is a male with households where the only other resident is a female. The results from this comparison show that, in the cases where there is only one male living with a disabled person (comprised mostly of spouses or children living with an elderly kin), they are just as likely as women who also live alone with a disabled person to be principal carers (78% vs. 77%, $p<0.885$). These men dedicate an average of 7.39 hours a week to the care of the disabled person in their household, against 14.39 hours that dedicate the women who are also living alone with a disabled person and caring for them, but the difference in the two numbers is not statistically significant ($p<0.488$) because men exhibit a great variation in the time they allocate to their caring activities, with some men dedicating as much as 20 hours a week and some as little as 2 hours.

While the explanation above serves to explain the differences between men and women in the cases when they live alone with the disabled person, it tells nothing about the hoseholds where there are more than one potential carers. Table 5 shows the percentage of men and women who share the household with other residents, and contributed to the care of the disabled person, according to the type of the organization for the care that was observed. This table also shows the mean number of hours that these persons dedicated to the care of the disabled.

-- Table 5 about here --

When men live with other household members who are not disabled, they are much less likely than women to participate in the care of the disabled person in their household (of all men living in households with other members, 25% participate in the care of the disabled member in their home, vs. 63% of women who participate, $p<0.001$); and whenever they get to participate, they spend approximately 3.7 less hours a week on caring activities than women ($p<0.027$). These differences are due mainly to the fact that whenever there is another person in the household (especially if that person is a woman), men will not be the principal carer of the disabled; and that, in households when there is no principal carer, but several members participate equally in the assistance of the disabled, men tend to stay marginalized of this care. If one looks at rows 3 and 5 in table 5, one will see that compared to women, men have a very small propensity to be principal carers when they share the household with someone else (56% vs. 5%, $p<0.001$). The difference when men and women live in households where

several members contribute equally to the care of the disabled is also notable: while almost all women in the household (89%) participate in the caring of the disabled person, 67% of men in the household do not contribute ($p<0.001$).

The difference in the participation of men and women in the caring activities for the disabled is still significant, but decreases in magnitude in those households where several members contribute although there is still one person who carries the role of principal carer (row 4 in table 5). Sixty one percent of the men who live in households with such arrangements spend some of their time (an average of 6.88 hours per week) helping the disabled person in their household, while 81% percent of the women in the same conditions do ($p<0.01$). The difference in the time that men and women allocate to caring activities in these households (6.88 hours per week *vs*. 11.65 hours per week, $p<0.03$) suggests that, as Matthews and Rosner noted for the case of the U.S., men's help is itinerant or only for some activities, while women's is more constant. In this case it also means that women take the role of primary carers and take as their responsibility more activities. To explore this, we look next at the activities that men and women take when participating in each type of organization.

--Table 6 about here –

As one would expect from the past literature, men carers are engaged on average, on less activities than women carers (1.95 vs. 2.40, $p<0.012$). However, these averages mask the fact that within households that are organized in a similar matter to deal with the care of the disabled, men the differences between men and women decrease and instead, men seem to specialize in some tasks and women in others. In households where men are the only carer, they perform the same number of activities than women who are in the same situation, although they are slightly less likely than women to help feed or bath their disabled housemates, and more likely to give emotional support (the only of these differences that turned significant, perhaps because of the small sample size of male principal carers was for feeding assistance).

In those households where there is more than one carer, there is some evidence that women are engaged in more support activities than men (2.41 *vs.* 1.91, $p<0.10$), and there is a clear pattern that women are the ones who support the disabled when they are in need of bathing, cleaning and dressing. Men, on the contrary, are slightly more likely

than women to provide support when they are in need of driving and company outside the home (although this difference is not statistically significant), and just as likely as women to provide emotional support. Because these activities can be provided on a flexible schedule (one can come and chat with the disabled at different times of the day, or schedule an appointment with a doctor ahead), it provides support the hypothesis that, as in the case of U.S., men provide valuable care, sometimes on an itinerant basis.

Explanation of the participation of male and female household members in the care of the disabled members

In the past sections of this study we have showed that men and women participate in different degree in the care of the disabled members in their households, and that these differences are to some extent mediated by the resources that the families have to deal with the needs of the disabled and the way they organize for these needs. One of these results is that when men are in the position to be the principal carer of the disabled person, they are just as responsive as women.

In light of these results, it is reasonable to ask whether the rest of the observed differences in the propensity to participate in the care of the disabled person between men and women is due to other factors such as differences in the level of need of the persons they live with, the resources for care in the household, the time demands that the household member has outside the household. In this section we look at this question by adjusting a logistic regression model to the probability of participating on the care of the disabled member in the household, to all potential carers. We include as explanatory variables in the model a dummy variable indicating if the disabled person is older than 60 years old, as a measure of potential different needs for the care of the elderly; a dummy variable indicating that the household member lived alone with the disabled person to signal those individuals that could not share the caring activities with no one else; in addition, because the literature has indicated the importance of direct consanguinity links in caring relationships we include a set of categorical variables capturing this, as well as a variable that captures the link between spouses. We also included a categorical variable that indicates the type of limitation of the disabled person (mobility, cognitive, cognitive and mobility, and other), as another approximation to its type of need; the number of household members other than the individual who participate in the care of the disabled person and the number of women in the household, which serve as an approximation to the number of potential carers

other than the individual; and the age, education, and working and studying status of the individual, which try to serve as a proxy for his/her time demands outside the home. We included interactions of all these explanatory variables with the sex coefficient, and because we have more than one individual in each household, we use Huber-White estimators to estimate robust standard errors of the coefficients. Table 7 presents the resulting odds-ratios for men and women.

-- Table 7 about here --

Even after controlling for age, education, working status, household structure, and age and type of limitation of the disabled in the household, women are more likely than men to participate in caring activities (OR=152, $p<0.001$).

In general, the results from the logistic regression confirm the analysis of the previous sections: men are more likely to participate in support activities of the disabled in their household when they live alone with them (OR=8.42, $p<0.045$), and when they are their spouses (OR=4.69, $p<0.05$). Other male relatives and non-consanguineous relationships are less involved in caring activities than direct male relatives such as parents, children or siblings (OR=0.33 and 0.12, with $p<0.24$ and $p<0.82$, respectively).

Furthermore, when men do not live alone with the disabled person, their odds of participating in caring activities increase more than twofold with every additional person that also contributes to the care (OR=2.52, $p<0.001$). This also coincides well with the results of the previous sections, where we saw that men are not perfect team players, but they contribute with some activities in those cases where the family organization is to have a primary caregiver and other members to be responsible for some specific activities.

In the case of women, the results show that the relationship with the disabled, or living alone with them does not make a significant difference in terms of the likelihood of providing care. However, the number of other women who live in the household has a negative effect on the chance of providing support to the disabled person.

Discussion

The main objective of this study was to document and help explain any differences in the contribution of men and women to the care of the disabled in home in Mexico. In doing so, this study contributes to the literature on caregiving on several fields.

Our first contribution is to the literature on gender and caregiving, where we show that men in Mexico are less likely than women to engage in caregiving activities to support the severely disabled member in their household. However, this tendency is not constant across all groups as it depends on the other resources the household has to care for the disabled, on the way it organizes for this care, and on who does what when caring for the disabled. When men live alone with the disabled person and hence they are the only ones available to provide assistance for some of the activities that need constant presence (such as bathing, dressing, and toileting), they are just as likely as women to provide this support. Most of these men who are primary caregivers are the spouses or children of elderly women, which confirms the tendency observed in other countries (Agree and Glaser 2009) of men to participate in their wives' care. When they share the household with other members, in addition to the disabled person, men participate less than women in caregiving activities and they seldom perform the role of the principal caregiver if there are others –women- who can take this task. However, we identified a set of households where there is a principal caregiver who takes the main responsibility in caring for the disabled, and another group of household members contribute to certain activities. The difference between men and women in this case is the frequency with which they provide support (women allocate more time to it), and that men tend to participate in all the activities that women do except in feeding, bathing and dressing the disabled. This behavior seems to resemble the findings of Matthews and Rosner (1988) for the case of the U.S., where daughters support for their elderly parents was seen as stable, whereas the sons was itinerant or constrained to certain activities.

Our second contribution is to the literature on gender and family organization for the care. With a few exceptions, most studies on caregiving have focused on a principal caregiver, or if they analyze the help that individuals receive they lump all sources of support together. There is some evidence, however, that individuals may be making their caregiving decisions in conjunction with others. Matthews and Rosner (1988) showed, for the case of the U.S., that children organize to care for their elderly parents,

with some children performing different roles –and knowing what the others do-. And Wolf, Freedman and Soldo (1997) show that, also in the case of the U.S., the time that individuals allocate to care for their parents depends on the time that their siblings are giving. These studies, however, still focus on individual behavior and none of them has looked yet at how coresidents organize to deal with the disability of a household member, and what types of organization emerge from the collective of individuals. We identify that household members can organize in four different manners to care for the disabled persons in their home, with each member performing distinct roles. The first type of organization is that where no one cares for the disabled person, and this happens in 14% of the cases. The second type is that where there is only one principal caregiver, and no one else in the household participates in the care of the disabled (even if there are some other members in the household). This happens in 54% of the cases. The third type is that where there is one person who carries the role of principal carer, but there are other members who contribute to the caregiving from time to time, and this happens in 25% of the households. And the fourth case is when several members in the household contribute equally to the caregiving activities (although not all household members participate). This happens in only 6% of the cases. Men participate in caregiving activities mainly when they are principal carers (because they live alone in the household with the disabled person), and when there is another principal caregiver and they are itinerant participants.

In this study we included household with disabled members from different stages in the life cycle, and made, whenever it was pertinent, a comparison of households with those who were older than 60 years old and those who were younger than 60 years old. Even when the types of disability, the care needs, and the life-cycle stage of the household of these two groups differ, our results showed that the way that household members organize for caring for their disabled members does not differ from one group to the other.

One limitation of our study is that it refers only to care received from household members, which may be underestimating other sources of assistance such as non-resident relatives and friends. It has been shown that resident members are the main source of support for helping the elderly with ADLs and IADLs (Wong), but non-resident members are sometimes even more important sources of emotional and occasional assistance such as the need to drive them to the doctor. Future research may want to explore how is it that resident and non-resident potential carers organize to

provide support for their disabled members. Another question of interest is what happens when there are changes in the support network. That is, when one of the household members who was serving as a carer exits the household, and whether there are any gender differences in the response of the remaining members.

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Table 1. Characteristics of the subsample used in the analysis

Characteristics	Percentage	Sample size
Age of the disabled person		
< 60 y.o.	59.79	98
60 y.o. or older	40.24	66
Disability		
Cognitive	49.39	81
Mobility	29.88	49
Cognitive and mobility	6.71	11
Other	14.02	23
Mean number of persons 12 y.o. or older without disabilities (s.d.)	2.86	(1.72)
Mean number of children without disabilities (s.d.)	0.77	(1.05)
Household composition		
Disabled lives only with one person	23.78	39
Disabled lives with only one male	5.4	9
Disabled lives with only one female	18.29	30
Disabled lives with to or more persons	76.22	125
Household head education		
None	34.76	57
Primary school	43.90	72
Secondary or more	21.34	35
Asset quintile		
First	25.00	41
Second	15.85	26
Third	25.00	41
Fourth	15.85	26
Fifth	18.29	30
Number of cases (%)	164	(100)

Table 2. Characteristics of non-disabled household members 12 years old and older living in households with households with a disabled member, according to the age of the disabled member

Characteristic	Disabled member is < 60 y. o.	Disabled member is 60 y.o. or older	Total
Mean age (s.e.)	37.65 (1.09)	41.76 (1.60)**	39.08 (19.61)
Kinship relationship to disabled			
Spouse	5.25	15.24***	8.74
Children	7.54	32.92***	16.42
Parents	41.93	1.83***	27.93
Siblings	25.90	6.10***	18.98
Grandchildren	0.98	2.62***	9.81
Other consanguineous	11.80	5.49**	9.59
Other non consanguineous	6.57	12.19**	8.53
Women (%)	53.16	55.49	54.16
Education			
No Education	18.03	15.85	17.27
Primary	41.95	46.95	43.71
Secundary or more	40.00	37.19	39.02
Studying status			
In school	18.36	15.85	17.48
Not in school	81.64	84.15	85.52
Working status			
Working	42.62	41.46	42.22
Not working	57.74	41.46	42.22
Number of cases (%)	305 (100)	164 (100)	469 (100)

Notes: Indicates that the difference between the individuals living in households with disabled members younger than 60 years old and individuals 60 years old or older is significant at **p<0.05, ***p<0.001

Table 3. Proportion of household members who provided care to disabled members and mean number of hours spent per week on the activity, by type of help provided and sex

Type of help	Males	Females		Total
Proportion of members who provided care				
Any help	27.19	64.57	***	47.35
All ADLs	18.14	55.12	***	38.00
Eating	8.83	33.86	***	22.29
Bathing and dressing	11.16	47.24	***	30.57
Toilet	10.23	28.74	***	20.26
Emotional	15.34	31.89	***	24.51
Driving and company	6.98	12.60	**	10.02
Mean number of hours spent per week caring for the disabled member, among those who provided some help				
Any help	7.26	11.47	**	10.35
All ADLs	4.78	8.42	**	7.63
Feeding	3.35	5.52	**	5.13
Bathing and dressing	2.52	4.08	**	3.82
Toilet	2.83	2.93		2.91
Emotional	5.47	5.56		5.53
Driving and company	4.08	7.86		6.65

* p<0.10, **p<0.05, ***p<0.001

Table 4. Distribution of households in the sample according to the way they organize for the care of the disabled, age of the disabled person and household structure (%)

Characteristic	Household organization for the care of the disabled				
	No resident cares	**Only one principal carer**	**Several carers, one serves as principal**	**Several carers, totally equitable**	**Total**
All households	14.02	54.08	25.00	6.10	100.00
Age of the disabled					
< 60 y.o.	12.24	54.08	26.53	7.14	100.00
60 y.o. or older	16.67	56.06	22.73	4.55	100.00
Household structure					
Only one person resides with the disabled	20.51	79.49	--	--	100.00
Only one male resides with the disabled	22.22	77.78	--	--	100.00
Only one female resides with the disabled	20.00	76.67	--	--	100.00
d) More than one person resides with the disabled	12.00	48.00***	32.80***	7.20	100.00

*** p<0.001 difference with respect to the row "Only one person resides with the disabled". All other differences were no significant.

Table 5. Percentage of men and women who participate in the care of the disabled person in their household and mean number of hours they dedicate to this care, by household structure and type of organization for the care of the disabled

Household structure and organization for the care of the disabled	% who participated				Mean hours			
	Men	Women		Total	Men	Women		Total
Lives alone with the disabled person	77.78	76.67		76.99	7.39	14.64		12.94
Lives with several other persons at home	25.24	62.95	***	44.89	7.23	10.94	**	9.95
Lives in a household where there is only a principal carer	5.05	55.88	***	30.85	10.03	11.48		11.36
Lives in a household where there are several carers, but one serves as the principal carer	60.87	80.95	**	71.89	6.88	11.65	**	9.83
Lives in a household where several members provide equitably to the care of the disabled	33.33	88.89	***	63.64	7.43	6.04		6.37
Total	27.44	64.57	***	47.55	7.25	11.46	**	10.35

* p<0.10, **p<0.05, ***p<0.001

Table 6. Type of activities that men and women who participate in the care of the disabled person in their household do, by household structure and type of organization for the care of the disabled

Household structure and organization for the care of the disabled	Mean number of activities		Help provided									
			Feeding		Bathing		Toilet		Emotional		Driving	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
Lives alone with the disabled person	2.25	2.41	25.00	33.33	62.50	87.50	50.00	50.00	25.00	41.67	62.50	29.20
Lives with several other persons at home	1.88	2.39**	34.61	56.03**	38.46	70.92***	36.53	43.97	59.61	50.35	19.23	17.73
Lives in a household where there is only a principal carer	1.80	2.49	0.00	61.40**	40.00	71.92	40.00	43.86	80.00	47.37	20.00	24.56
Lives in a household where there are several carers, but one serves as the principal carer	1.93	2.41*	40.47	51.47	40.47	73.53***	38.09	45.59	54.76	55.88	19.05	14.71
Lives in a household where several members provide equitably to the care of the disabled	1.92	2.41*	40.48	51.47	40.48	73.53***	38.09	45.59	54.76	55.88	19.05	14.71
Total	1.95	2.40**	34.42	53.01**	40.98	73.49***	39.34	45.18	55.74	49.40	24.59	19.28

* p<0.10, **p<0.05, ***p<0.001

Table 7. Estimated odds ratios from logistic models of the likelihood that a household member participates in the care of a disabled member

Explanatory variables	Men[a]	Women[a]
Sex		
Male (ref.)		
Female	152***	
Age of the disabled person		
<60 y.o.	--	--
60 y.o. or older	1.59	1.36
Household structure		
Several people live with the disabled person (ref.)	--	--
Lives alone with the disabled person	8.41** †	0.97
Number of children in the household	0.97	1.16
Type of relationship with the disabled person		
Parents, children and siblings (ref.)	--	--
Spouse	4.69** ††	0.56
Other consanguineous	0.33**	0.60
Other non consanguineous	0.12*	0.86
Type of limitation of the disabled person		
Mobility (ref.)	--	--
Mobility and cognitive	2.63	0.81
Cognitive	1.22	0.25*** ††
Other	0.86	0.47
Number of other household members who participate in the care	2.52*** ††	0.47
Number of female household members	0.66	0.66**
Age	1.01	1.01
Education		
No formal education (ref.)	--	--
Primary	2.06	0.96
Secondary	2.64	0.88
Studying status		
Not studying (ref.)	--	--
Studying	1.22	0.40
Working status		
Not working (ref.)	--	--
working	2.52	0.67
N	469	
Pseudo-log likelihood	-239.52	

[a] The models were run together for men and women, with interactions of all the explanatory variables for one of the sexes. Here we present, for easiness of presentation, the coefficients that result from these interactions for men and women.

Significance of the effects for men and women: * p<0.10, **p<0.05, ***p<0.001

Significance of the difference in men's and women's effects: † p<0.10, ††p<0.05, †††p<0.001