

# The Impact of Elderly Caregiving on Marital Quality

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**Abstract :** Although the relation of caregiving burden to well-being has been frequently examined, the effect of caregiving on marital quality has been virtually ignored. The current study explores the impact of parent care on the marriages of adult children by using a nationally representative longitudinal sample. It was hypothesized that parent care would negatively influence the marital quality of adult child caregivers, the effect of parent care would differ between women and men caregivers, and the nature of marital relationship variables would moderate or mediate the impact of care on marital quality. Overall, marital quality does not appear to suffer if caregiving load is light. However, the impact of parental caregiving on some dimensions of marital quality was conditioned by gender, gender role attitudes, and congruence between attitudes and behavior.

**Key Words :** Elderly Caregiving, Marital Quality, Gender Role Attitudes, Division of Housework

## I. Introduction

Although many researchers have investigated the effect of caregiving burden on the overall well-being of adult child caregivers, they have not thoroughly examined the effect of caregiving burden on marital quality. However, previous research suggested that caregiving for elderly parents could be a potential source of conflict in some married couples (e.g. Adamson, Felinauer, Lund, & Caserta, 1992; Hendershott, 2000; Sutor & Pillemer, 1994). Although there are several studies that focus on the impact of caregiving on adult children's marital quality, they are limited in a number of ways. Many of these studies used qualitative data or nonrepresentative samples.

Moreover, there has also been no rigorous effort to find the mechanisms by which caregiving roles influence adult child caregivers' marital quality. By using a nationally representative longitudinal sample, this study will examine the relationship between the transition to parent care and adult children's marital quality and the factors which buffer or aggravate the impact of the transition to parent care on marital quality,

## II. Background

### 1. Gender Differences in Caregiving

Parent care shows a pronounced gender

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difference in the enactment of caregiving role (Montgomery & Datwyler, 1990). Daughters are more likely to be caregivers for their impaired parents than sons (Horowitz, 1985; Montgomery, 1992; Montgomery and Datwyler, 1990; Stone, Cafferata, and Sangl, 1987). Sons tend to take on caregiving responsibility if no sisters are available. However, they often receive help from their spouses in providing care to their parents more than do daughters (Horowitz, 1985). Although many researchers have found that men participate in parent care, they commit less time to caregiver tasks and are less likely to give hands-on care. The kinds of help that sons are most likely to provide are financial aid, transportation, or advice (Horowitz, 1985). Numerous studies find that daughters support the elderly more than do sons (Hogan, Eggebeen, and Clogg, 1993; Spitze and Logan, 1990). Daughters mainly take on the intensive caregiving roles, thereby providing hands-on cares and daily assistance (Horowitz, 1985; Stoller, 1983). Overall, daughters provide more diverse kinds of assistance and more daily assistance than do sons. Given this profile of gender differences in caregiving, it is not surprising that some researchers report that daughters experience higher levels of burden and stress than do sons (Chang and White-Means, 1991; Horowitz, 1985; Young and Kahana, 1989).

## **2. The Impact of Elderly Caregiving on Marital Quality**

Caring for a parent might also be a source of strain and conflict in adult children's marital relations in middle and later life. This may reflect

the proliferation of spillover of caregiving stress, as caregivers have too little time or energy to share activities with their spouses. It is also possible that one spouse feels unfairly burdened (Ward and Spitze, 1998). Several studies have examined the effect of caregiving role on marital quality (Adamson et al., 1992; Suito and Pillemer, 1994). However, they are limited in a number of ways and their findings are inconsistent.

These studies used small, non-representative samples. For example, using a sample of 90 caregivers who were predominantly women, Adamson et al. (1992) found that caregiver burden negatively affected the level of marital happiness. Furthermore, their measurement for marriage includes only a few components of marriage such as marital happiness and marital adjustment. Caregiver burden might also increase disagreement over life issues or decrease interaction between the husband and the wife. By using a combination of quantitative and qualitative data collected from 94 daughters and daughters-in-law who cared for an elderly parent with dementia, Suito and Pillemer (1994) examined how much women caregivers experienced changes in marital satisfaction across the first year of care and explored which factors might lead to these changes. They found that some women caregivers reported an increase in marital quality after one year of caregiving, some reported a decrease, and others apparently showed few effects of caregiving in their lives. Women caregivers who experienced an increase in marital satisfaction over the year tended to report an increase in their husbands' emotional support and a reduction in their hindrance by the end of the year. On the other hand, those who experienced a

decline in marital satisfaction were likely to report a decline in their husbands' emotional support and an increase in their husbands' hindrance. Although their analysis was a step forward in developing an understanding of the factors that would alleviate or aggravate caregiver burdens, their sample was limited in size and only included female caregivers. The measurement of marital quality was also limited in this study. They measured marital quality only by using the level of disagreement or conflict between spouses, but not encompass feelings of happiness or other dimensions of marital quality.

### **3. Possible Factors Contributing to Adult child Caregivers' Marital Quality**

Although many people think that caregiving might cause conflict in marital relationships, there are also circumstances where some caregiver couples might cope well with caregiving roles. Recent studies on the relationship between elderly caregiving and adult child caregiver's marital quality (e.g. Suito and Pillemer, 1994) also show that caregivers did not always experience troubled marriages. There has been no rigorous effort, however, to find the mechanisms in which caregiving roles influence adult child caregivers' marital quality. Previous research on marital quality suggests that gender role ideology, division of household works, and the match between them are possible intervening factors in the effect of elderly caregiving on marital quality (e.g. Amato and Booth, 1995; Greenstein, 1996; Lye and Biblarz, 1993; McHale and Crouter, 1992; Suito, 1991).

#### ***Gender Role Attitudes and Marital Quality.***

The effect of gender role attitudes on marital quality has been well established by the previous research. Lye and Biblarz (1993) found that men and women who supported nontraditional attitudes were likely to show lower levels of marital satisfaction than their more traditional counterparts. Amato and Booth (1995) found that changes toward nontraditional gender role attitudes among wives resulted in overall declines in marital quality, whereas husbands who became more egalitarian reported increases in positive aspects of marital quality (e.g. marital happiness and interaction). In other words, wives were less happy with their marriages and had greater marital problems when their attitudes became less traditional. However, husbands' attitudes that support role sharing and gender equality tend to reduce the conflict and strain in their marriages. These studies show that gender role attitudes are an important factor in explaining marital quality. Therefore, gender role attitudes may influence the effect of caregiving role on marital quality.

#### ***Division of Housework and Marital Quality.***

Over the past decades, there has been a profound transformation in male-female relationships, both at work and at home (Goldscheider and Waite, 1991). Scanzoni and Scanzoni (1981) indicated that the traditional unequal power distribution of husbands and wives has turned into a balanced power composition. Husbands and wives are more equally responsible for provider roles, housekeeping, and parenting. Not all individuals, however, have made this transformation in male-female relationships and some keep a traditional division of housework. Although direct

associations between types of marriage and marital quality have not been examined, the division of housework as a proxy of marriage type has been examined. Suitor (1991) found that satisfaction with the division of household labor was moderately associated to wives' marital quality as well as husbands' marital quality. Compared to other socio-demographic variables, satisfaction with the division of household labor was the most influential variable in explaining marital happiness and conflict. Thus, the division of household labor may also be an important factor in explaining the marital quality of caregivers by way of ameliorating or aggravating the overload of caregiving roles.

***Match between Attitude and Behavior.***

Attitude/behavior incongruence for family roles refers to the situation in which individuals hold belief about family roles that do not match their actual behavior. As an example people may perform family roles in traditional ways despite holding egalitarian gender role attitudes. The incongruence between spouses' gender role attitudes and their actual gender role behaviors is one of the important factors in explaining marital quality. McHale and Crouter (1992) examined whether incongruence between spouses' sex-role attitudes and the division of family work would influence their marital evaluations. They found that wives with egalitarian sex-role attitudes but traditional family work roles and husbands with traditional sex-role attitudes but egalitarian family work roles evaluated their marital relationships more negatively, as compared to other men and women whose roles and attitudes were congruent as well as their own partners. Greenstein (1996)

also found that inequalities in the division of household labor were more strongly associated with perceptions of inequity among wives with an egalitarian gender role ideology than among wives with a traditional gender role ideology. Furthermore, the perceived fairness of the division of labor influenced marital stability greater for egalitarian wives than for traditional wives.

Thus, attitude/behavior match is likely to affect the marital quality of adult child caregivers. Daughter and daughter-in-law caregivers with egalitarian gender role attitudes but traditional family work roles might feel less happy with their marriages than those with traditional attitudes and family work roles. On the other hand, non-caregiver husbands with traditional gender role attitudes but egalitarian family work roles might be less happy with their marriage, as compared to those with egalitarian gender role attitudes and family work roles. The match between roles and attitudes is likely to be a potential intervening factor in the relationship between caregiving and marital quality.

### **III. Hypotheses**

The proposed study will examine the impact of parent care on the marital quality of adult child caregivers by using a nationally representative longitudinal sample, with baseline marital quality scores before the onset of parent care. Previous research suggests that many couples experience marital problems as a result of caregiving roles. Gender differences in the nature of caregiving tasks were also found in research on caregiving. As suggested in these previous studies, I hypothesize

that parent care is associated with a decrease in marital quality for people who make the transition into parent care and that women experience more of a decrease than men. With respect to gender role attitudes, I expect that gender role attitudes buffer or aggravate the impact of parent care on marital quality. Previous studies agreed that people with egalitarian attitudes were likely to show lower levels of marital satisfaction. Thus, it is likely that transition into parent care decreases the marital quality of adult children with egalitarian gender role attitudes more than the marital quality of adult children with traditional gender role attitudes. Because caregivers with egalitarian attitudes might expect help from their spouses greater than those with traditional attitudes, the former might experience greater decline in marital quality if their spouses do not provide enough support to them. I also expect that the division of housework is associated with the marital quality of adult child caregivers. The division of household labor is an important factor in explaining marital quality in previous studies. Thus, I hypothesize that the egalitarian division of housework will buffer the impact of parent care on adult child caregivers than the traditional division of housework. Finally, previous studies indicated that incongruence between behavior and attitude (i.e. traditional attitudes-egalitarian behavior and egalitarian attitudes-traditional behavior) was associated with decreases in marital quality. Based upon these studies, I hypothesize that congruence between behavior and attitudes will buffer the negative impact of caregiver role on marital quality whereas disparity between behavior and attitudes will aggravate the negative impact of caregiver role on marital quality.

## IV. Data and Method

### 1. Sample

The data to be used for this study are from the National Survey of Families and Households (NSFH). The first wave of the NSFH interviewed a national probability sample of 13,007 American people who were aged 19 and older, living in households, and able to be interviewed in either English or Spanish during 1987-1988. The sample includes a main cross-section of 9,637 households and an oversample of blacks, Mexican Americans, Puerto Ricans, one-parent families, stepfamilies, cohabiting couples, and recently married couples. A primary respondent was randomly selected in each household and participated in interviews that covered a broad range of family related topics. The overall response rate at time 1 was 75 percent. The second wave consists of the five-year follow-up interviews of 10,007 respondents during 1992-1993, with an overall response rate of 82 percent of time 1 respondents (see Sweet, Bumpass and Call, 1988).

To examine the effects of the transition to caregiving on marital quality, a sample was drawn using the following eligible criteria: respondents who were (1) married at time 1, who (2) had at least one living parent (or parent-in-law) at both time periods, who (3) report no experiences in any types of caregiving at time 1, and who (4) provide parent care at time 2 or do not provide any types of caregiving at time 2. At both time periods, all married respondents were asked, "During the past 12 months, did anyone who lived here require care or assistance because of a disability or chronic illness?" (i.e. in-household caregiving) and

&lt;Table 1&gt; Caregiving Status

Statues	The Number of People	Percentage
No Care at Both Time 1 and Time 2	2384	81.59
Transition to In-Household Parent Care	9	.31
Transition to Out-Of-Household Parent Care	484	16.56
Transition to Both In-Household and Out-Of-Household Parent Care	41	1.40
Missing	4	.14
Total	2922	100

“Sometimes people help take care of relatives who are seriously ill or disabled, and who do not live with them. Have you provided such care at any time during the last 12 months?” (i.e. out-of-household caregiving). If respondents answered “no” to both questions at time1 and “yes” to any of these questions at time2, they were classified as making the transition to caregiving (N=538). Respondents without caregiving experiences at both time points were classified as not caregiving (N=2544) (See table 1).

In addition, all the caregivers were asked to indicate to whom they provided with the most help. Parent care was identified if caregivers indicated that they gave care to biological parents, stepparents, or parents-in-laws. I assume that other of caregiving (e.g. caregiving for disabled children, spouses, relatives, etc.) would be stressful as much as parent care. Thus, I restricted the analytic sample to the people who did not have any experiences in caregiving at time1, which might negatively influence marital quality at time1, and who either were caring for a parent at time 2 or had no caregiving at time 2.

## 2. Measures

**Marital quality.** Four dimensions of marital

quality were assessed marital happiness, marital interaction, marital stability, and marital disagreement. Table 2 provides a detailed description of these dimensions. Marital happiness assesses the respondent’s global feelings about marriage. Marital interaction measures the amount of time spent together. Marital stability is based upon two items that inquire about the possibility of getting divorce or separation and whether the respondent thinks the marriage is in trouble. Marital disagreement assesses the level of disagreement about six areas: household tasks, money, spending time together, sex, in-laws, and the children. A higher score denotes a greater frequency of disagreement.

**Duration of caregiving.** In the second wave of NSFH data, respondents were asked how many weeks during the last 12 months they helped people with disability or health problems both for in-household and out-of-household caregiving (See table 3). This measure only reflects the duration of parent care rather than all the types of caregiving since the sample excluded people providing any other type of care. The two items were summed to indicate the total number of weeks spent on parent care. The number of weeks was coded as 0, if the respondent does not provide any types of parent

<Table 2> Description of Dependent Variables for the Analytic Sample (N=2922)

Marital Quality Dimensions	Questions	N	Mean	(S.D.)	Range	Alpha Scores
Marital Happiness at T1	(1) Taking things all together, how would you describe your marriage? (1=very unhappy to 7=very happy)	2799	5.94	(1.30)	1-7	-
Marital Happiness at T2	Same as T1	2703	5.17	(2.08)	1-7	-
Marital Interaction at T1 (Sum of Two Variables)	(1) During the past month, about how often did you and your husband/wife spend time alone with each other, talking, or sharing an activity? (1=never to 6=almost every day)	2864	4.75	(1.43)	1-6	-
Marital Interaction at T2	Same as T1	2867	3.98	(1.80)	1-6	-
Marital Stability at T1 <sup>a</sup> (Sum of Two Variables)	(1) During the past year, have you ever thought that your marriage might be in trouble? (1=yes to 2=no) (2) It is always difficult to predict what will happen in a marriage, but realistically what do you think the chances are that you and your husband/wife will eventually separate or divorce?(1=very high to 5=very low).	2620	6.36	(0.97)	2-7	0.55
Marital Stability at T2	Same as T1	2786	5.74	(1.78)	2-7	0.58
Marital Disagreement at T1 (Sum of Six Variables)	(1) How often in the past year did you and your spouse have open disagreement about six areas: household tasks, money, spending time together, sex, in-laws, and the children?(never=1 to almost everyday=6)	2716	11.09	(4.36)	5-36	0.73
Marital Disagreement at T2 <sup>b</sup>	Same as T1	2894	11.82	(4.72)	5-36	0.77

<sup>a</sup>Respondents should answer both items of Marital Stability.

<sup>b</sup>Respondents should answer at least 5 items of Marital Disagreement.

care. Although it is possible that providing in home care is more stressful than assisting a parent who live in a different household, the number of participants who shared their household with the parent they cared for was too small (N=9) to allow for separate analysis (See table 1). The distribution of weeks spending on parent care was highly skewed. Thus, this variable was divided into 3 dichotomous variables: low (1-4 weeks), medium (5-24 weeks), and high (25-52 weeks) amounts of parent care making the number of people equivalent in each group. Caregivers with zero weeks spent on parent care were treated as a reference category

**Gender role attitudes.** Gender role attitudes are measured by six items (Cronbach's  $\alpha = .71$ ) from the first wave of NSFH data. Respondents were asked how much they approved or agreed with statements reflecting men's and women's work and family roles (See table 3). A summary scale was created by adding together, after reverse coding questions 3-6, the six items. A higher score denotes "not traditional" gender role attitudes.

**Division of housework.** Division of housework is measured by computing husband's contribution to female typical housework. In the first wave of NSFH data, each spouse was asked to indicate "the approximate number of hours per week that you, your spouse/partner, or others in the household normally spend doing household chores". Husband's contribution to female-typical housework was calculated by the husband's proportion of the total time spent doing the female-typical tasks per week (See table 3). There are, however, a substantial amount of missing data on these items because some people did not specify

the amount of time they spent on these tasks and some failed to report the amount of time spent by their spouses. In order to minimize the number of missing cases, missing data was coded as 0 hours if the respondent answered at least 2 out of 5 items. If the respondent did not specify the amount of time they spent on a certain task, the average time for that task by sex was used. A few respondents reported over 100 hours per week in any one of these activities. This is a problem because the hours surpass typical waking hours. In order to adjust this problem, any respondents reported spending more than 100 hours per week in doing a certain task were recoded at 100.

**Match between attitudes and behavior.** Following Crouter and McHale (1992), the match between attitudes and behavior was determined by using a median split on the measure of sex role attitudes and the division of family work. Attitudes were considered to be traditional (above the median) or non-traditional (below the median). The division of housework was categorized as "not traditional" if the husband's contribution to typical women's housework was greater than the median score (median = 0.187) and "traditional" if the husband contributed less than the median hours for all married couples. Using these scores, two groups are generated: those where divisions of housework and gender role attitudes are congruent (e.g. there is a match between their attitudes and behavior), or incongruent. 58.23 % of respondents reported congruence between attitudes and behavior whereas 41.77 % of respondents showed incongruence between attitudes and behavior (See table 3).

Control Variables. Demographic characteristics



<Table 3> Description of Independent Variables for the Analytic Sample (N=2922)

Variables	Questions & Description	N	Mean(S.D.)	Percentage	Range	Alpha Scores
Number of Weeks Spending on Parent Care at Time 2 (Sum of 2 items)	(1) In about How many weeks during the last 12 months did you help him/her? (2) About How many weeks during the last 12 months did you help this person with personal care?	2922	3.48 (11.20)	100	0-52	-
% No parent Care	0 weeks spending on parent care (1=yes, 0=no)	2388	-(-)	81.73	-	-
% Low Involvement	1-4 weeks spending on parent care (1=yes, 0=no)	190	-(-)	6.5	-	-
% Medium Involvement	5-24 weeks spending on parent care (1=yes, 0=no)	178	-(-)	6.09	-	-
% High Involvement	25-52 weeks spending on parent care (1=yes, 0=no)	166	-(-)	5.68	-	-
Gender Role Attitude at Time 1 <sup>a</sup> (Sum of 6 items)	(1) It is much better for everyone if the man earns the main living and the woman takes care of the home and the family (strongly agree=1 to strongly disagree=5) (2) Preschool children are likely to suffer if their mother is employed (strongly agree=1 to strongly disagree=5) (3) Parents should encourage just as much independence in their daughters as in their sons (strongly disagree=1 to strongly agree=5) (4) If a husband and a wife both work full-time, they should share household tasks equally (strongly disagree=1 to strongly agree=5) (5) Mothers who work full-time when their youngest child under 5 (strongly disagree=1 to strongly agree=7) (6) Mothers who work part-time when their youngest child under 5 (strongly disagree=1 to strongly agree=7)	2815	21.91(5.07)	-	5-34	0.71
The Husband's Proportion of the total time/week spent doing female typical tasks at Time 1 (Behavior at Time 1)	(1) The husband's hours/week spent doing female typical household chores(i.e., preparing meals, washing dishes, cleaning house, washing/ironing, & shopping) divided by both spouses' hours/week spent doing those chores	2202	0.21 (0.17)	-	0-1	-

<Table 3> (Continued) (N=2922)

Variables	Questions & Description	N	Mean(S.D.)	Percentage	Range	Alpha Scores
Match between Attitudes and Behavior at Time 1	Dichotomously coded 1=match, 0=not match (Match=traditional attitudes & traditional behavior or not traditional attitudes & not traditional behavior, Not Match=traditional attitudes & not traditional behavior, not traditional attitudes & traditional behavior	2145	-(-)	100	-	-
% Match	Match=1 (Behavior & Attitudes=1 or Behavior & Attitudes=0)	1249	-(-)	58.23	-	-
% Not Match	Not Match=0 (Behavior=1 & Attitudes=0 or Behavior=0 & Attitudes=1)	896	-(-)	41.77	-	-
Gender Role Attitude at Time 1	Dichotomously coded attitudes as traditional=1 or not traditional=0, based upon the median score of gender role attitudes (median=22). If score is greater than the median, the attitudes is coded as 'not traditional'. Otherwise, it is coded as 'traditional'.					
% Traditional Attitudes	Traditional Attitudes=1	1330	-(-)	47.25	-	-
% Not Traditional Attitudes	Not Traditional Attitudes=0	1485	-(-)	52.75	-	-
Traditional or Not Traditional Behavior at Time 1	Dichotomously coded behavior as traditional=1 or not traditional=0.					
% Traditional Behavior	Traditional Behavior=1	1101	-(-)	50	-	-
% Not Traditional Behavior	Not Traditional Behavior=0	1101	-(-)	50	-	-

<sup>a</sup> Respondents should answer at least 5 out of 6 items for Gender Attitudes

used as controls in the models were age, gender (dichotomously coded 1=female, 0=male), years of education, race/ethnicity (dichotomously coded 1=nonwhite, 0=non-Hispanic white), the respondent's health status at time 2 (dichotomously coded 1=has health problems, 0=has no health problems), the presence of a child or children under 19 in the household at time 2 (dichotomously coded 1=has child, 0=no child), household income at time 2 (continuous measure totaled across all types of earned and unearned income for all household members at both time points), the number of siblings at time 2, region of residence at time 2, female work hours per week at paid job at time 2, and whether the couple lived in a Standard Metropolitan Statistical Area at time 2 (See table 4).

### 3. Analytic Strategies

A series of OLS regressions were computed to test whether marital quality is more likely to decline among people who made the transition to parent care as compared to those who did not have any experiences in parent care and what factors (i.e. gender role attitude, type of marriage, match between behavior and attitude, and gender) influence the change in marital quality experienced. First, I examined the relationship between the duration of parent care and caregiver's marital quality after controlling for demographic and socioeconomic characteristics. This analysis shows whether the number of weeks spent on parent care influences adult child caregiver's marital quality. Second, I tested if there was an interaction of gender and amount of caregiving.

Third, I examined whether gender role attitudes, husband's contribution to female typical housework, and match between attitudes and behavior mediate the relationship between caregiving and marital quality of adult child caregivers by entering these variables in the first model to see how much the original regression coefficient change in the new model. In order to examine whether gender role attitudes, husband's contribution to female typical housework, and match between attitudes and behavior have a significant moderating effect in the relationship between weeks spent on parent care and marital quality dimensions, I will enter first order interactions of weeks spent on parent care with gender role attitudes, husband's contribution to female typical housework, and match between behavior and attitude.

## V. Results

I hypothesized that transition to the caregiver role is associated with a decrease in marital quality. The first models of table 5-8 present the results of the analyses of the four marital quality dimensions (i.e. marital happiness, marital interaction, marital stability, and marital disagreement at time 2). Not surprisingly, much of variance in marital quality dimensions at time 2 is explained by marital quality dimensions at time 1. However, the analyses provide no support for my hypothesis regarding the importance of caregiving roles for adult children's marriages. Number of weeks spent on parent care is not significantly related to marital happiness, marital interaction, marital stability, and

<Table 4> Description of Other Control Variables for the Analytic Sample (N=2922)

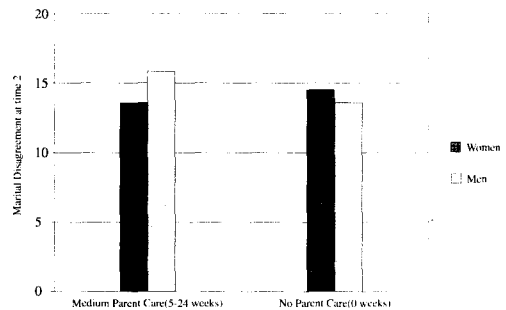
Variables	Description	N	Mean (S.D.)	Percentage	Ranges
Age	Number of years	2912	35.58 (9.45)	-	19-76
% Female	Dichotomously coded 1=female, 0=male	2922	-	(-) 53.66	-
% Nonwhite	Dichotomously coded 1=nonwhite, 0=non-Hispanic white	2919	-	(-) 18.74	-
% Child under Age 19 in the Household at T2	Dichotomously coded 1=having a child or more, 0=no child	2885	-	(-) 68.42	-
Completed Education at T1	Number of years	2914	13.14 (2.70)	-	0-20
Total Family Income at T2	All types of earned and unearned income for all household members (1=yes, 0=no)	795	\$ 54535(44739)	-	0-853600
\$0-\$24,999	(1=yes, 0=no)	524	-	(-) 18.65	-
\$25,000-44,999	(1=yes, 0=no)	746	-	(-) 26.59	-
\$45,000-69,999	(1=yes, 0=no)	841	-	(-) 30.09	-
\$70,000 or more	(reference category)	684	-	(-) 24.37	-
Number of living siblings at T2	Number of living biological or stepsiblings	2918	3.59 (2.74)	-	0-16
Global Health at T2	Continuously coded 1= very poor to 5=excellent	2862	4.04 (0.76)	-	1-5
Female work hours at paid job at T2	Number of hours worked in the past week or the number of usual hours per week if the past week is not usual.	2902	22.78 (19.78)	-	0-92
% Living in Metropolitan Areas at T2	Dichotomously coded 1=Metropolitan Areas, 0=Non-Metropolitan Areas	2922	-	(-) 72.07	-

marital disagreement at time 2 after controlling for marital quality dimensions at time 1 and other sociodemographic variables.

Because of the non-significant effect of parent care in marital quality, I could not test the hypotheses that gender role attitudes, husband's contribution to female typical housework, and attitude-behavior match would mediate the relationship between parent care and marital quality of adult child caregivers. However, I included gender role attitudes, husband's contribution to female typical housework, and match between attitudes and behavior in the model for testing whether those variables have any impact on marital quality dimensions. Results from model 2 of tables 5-8 showed that none of these variables have a significant impact of marital quality.

I also tested the hypothesis that the effects of parent care in marital quality of adult children would be different between men and women. The third models of table 5-8 shows the result of gender differences in the impact of caregiving experiences on adult children's marital quality. Overall, there are no significant gender differences in marital happiness, and marital interaction. However, the impact of parent care on marital disagreement at time 2 depends on the respondent's gender. For people who were involved parent care for 5-24 weeks, men reported much higher levels of marital disagreement at time 2 than women. On the other hand, women showed higher levels of marital disagreement at time 2 than men for non-caregivers (See Figure 1).

Model 4 in tables 4-7 tested whether gender role attitudes moderate the association between duration of parent care and marital quality. The



<Figure 1> Marital Disagreement at Time 2 by Weeks Spent on Parent Care and Gender

results showed that gender role attitude did not have any impact on marital happiness, marital stability, and marital disagreement. However, gender role attitudes significantly moderate the relationship between the medium number of weeks spent on parent care and marital interaction at time 2. The direction of the result is the opposite of what was hypothesized. Caregivers with traditional gender role attitudes had lower levels of marital interaction at Time 2 than those with egalitarian gender role attitudes. Conversely, non-caregivers with traditional gender role attitude showed higher levels of marital interaction than those with egalitarian gender role attitude (See Figure 2)

Model 5 in tables 5-8 include interaction terms consisting of the cross products of number of weeks spending on parent care with husband's contribution to female typical housework. The results showed that husband's contribution to female typical housework did not significantly moderate relationships between duration of parent care and marital quality dimensions.

Finally, Model 6 in tables 5-8 tested whether congruence between attitudes and behavior

<Table 5> Standardized Regression Coefficients for Marital Happiness at Time 2

Variables	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Marital Happiness at T1	.266***	.244***	.245***	.244***	.244***	.240***
Number of Weeks Spending on Parent Care (No Parent Care=Referent)						
Low Parent Care (1-4 weeks)	.014	.007	-.002	-.034	.062	.021
Medium Parent Care (5-24 weeks)	-.003	-.015	-.010	-.185	-.030	-.072
High Parent Care (25-52 weeks)	-.008	-.013	-.017	-.027	-.030	.024
Age	.193***	.185***	.184***	.186**	.183***	.186***
Gender (Female=1)	-.048*	-.020	-.022	-.020	-.020	-.021
Race (Nonwhite=1)	.002	.001	.001	.0004	.0002	-.002
Child under Age 19 in the household at T2	.051*	.024	.024	.025	.023	.027
Completed Education at T1	-.041	-.043	-.042	-.042	-.042	-.044
Total Family Income at T2 (\$70,000 or more = 0)						
\$ 0 to \$ 24,999	-.173***	-.165***	-.165***	-.166***	-.163***	-.165***
\$ 25,000 to \$ 44,999	-.049	-.028	-.028	-.029	-.029	-.027
\$ 45,000 to \$ 69,999	-.005	.007	.007	.006	.009	.009
Number of Living Siblings at T1	-.006	-.033	-.033	-.034	-.030	-.032
Global Health at T2 (1=Very Poor to 5= Excellent)	.037*	.039	.038	.038	.038	.037
Female Work Hours at Paid Job at T2	-.060**	-.058*	-.057*	-.057*	-.057*	-.060*
Living in Metropolitan area at T1 (1=Yes)	.053**	.062**	.062**	.062**	.061**	.058*
Gender Role Attitudes	-	.011	.011	-.002	.011	.011
Husband's Contribution to Female Typical Housework (Behavior)	-	.008	.008	.010	.011	.010
Match Between Attitudes and Behavior	-	.052*	.052*	.052*	.053*	.049*
Interactions						
Low Parent Care × Gender	-	-	.011	-	-	-
Medium Parent Care × Gender	-	-	-.007	-	-	-
High Parent Care × Gender	-	-	.005	-	-	-
Low Parent Care × Attitudes	-	-	-	.042	-	-
Medium Parent Care × Attitudes	-	-	-	.174	-	-
High Parent Care × Attitudes	-	-	-	.014	-	-
Low Parent Care × Behavior	-	-	-	-	-.068	-
Medium Parent Care × Behavior	-	-	-	-	.019	-
High Parent Care × Behavior	-	-	-	-	.023	-
Low Parent Care × Match	-	-	-	-	-	-.018
Medium Parent Care × Match	-	-	-	-	-	.075*
High Parent Care × Match	-	-	-	-	-	-.046
R <sup>2</sup>	.133***	.124***	.124***	.125***	.125***	.127***

\*p<0.05 \*\*p<0.01 \*\*\*p<0.001

&lt;Table 6&gt; Standardized Regression Coefficients for Marital Interaction at Time 2

Variables	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Marital Interaction at T1	.262***	.243***	.243***	.241***	.243***	.243***
Number of Weeks Spending on Parent Care (No Parent Care=Referent)						
Low Parent Care (1-4 weeks)	-.008	-.032	-.040	-.076	-.074*	.008
Medium Parent Care (5-24 weeks)	.016	.029	.011	-.209*	.010	.022
High Parent Care (25-52 weeks)	.032	.034	.082*	.090	.001	.030
Age	.205***	.190***	.191***	.192***	.189***	.189***
Gender (Female=1)	-.059**	-.036	-.032	-.036	-.037	-.036
Race (Nonwhite=1)	.017	.008	.009	.007	.009	.009
Child under Age 19 in the household at T2	-.073***	-.085***	-.084***	-.084**	-.085**	-.085**
Completed Education at T1	-.031	-.007	-.007	-.005	-.007	-.006
Total Family Income at T2 (\$70,000 or more = 0)						
\$ 0 to \$ 24,999	-.101***	-.112***	-.112***	-.112***	-.113***	-.112***
\$ 25,000 to \$ 44,999	-.059*	-.036	-.035	-.037	-.038	-.036
\$ 45,000 to \$ 69,999	-.035	-.015	-.014	-.015	-.015	-.014
Number of Living Siblings at T1	-.002	-.034	-.035	-.036	-.034	-.035
Global Health at T2 (1=Very Poor to 5= Excellent)	.042*	.044*	.044*	.044*	.044*	.044*
Female Work Hours at Paid Job at T2	-.075***	-.089***	-.091***	-.087***	-.089***	-.090***
Living in Metropolitan area at T1 (1=Yes)	.009	.016	.016	.017	.017	.015
Gender Role Attitudes	-	-.027	-.029	-.041	-.026	-.027
Husband's Contribution to Female Typical Housework (Behavior)	-	.032	.035	.035	.015	.033
Match Between Attitudes and Behavior	-	.043*	.043*	.044*	.044*	.048*
Interactions						
Low Parent Care × Gender	-	-	.011	-	-	-
Medium Parent Care × Gender	-	-	.024	-	-	-
High Parent Care × Gender	-	-	-.061	-	-	-
Low Parent Care × Attitudes	-	-	-	.045	-	-
Medium Parent Care × Attitudes	-	-	-	.244*	-	-
High Parent Care × Attitudes	-	-	-	-.059	-	-
Low Parent Care × Behavior	-	-	-	-	.052	-
Medium Parent Care × Behavior	-	-	-	-	.024	-
High Parent Care × Behavior	-	-	-	-	.043	-
Low Parent Care × Match	-	-	-	-	-	-.051
Medium Parent Care × Match	-	-	-	-	-	.009
High Parent Care × Match	-	-	-	-	-	.004
R <sup>2</sup>	.180***	.180***	.181***	.183***	.181***	.181***

\*p ≤ 0.05 \*\*p ≤ 0.01 \*\*\*p ≤ 0.001

<Table 7> Standardized Regression Coefficients for Marital Stability at Time 2

Variables	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Marital Stability at T1	.325***	.344***	.343***	.342***	.344***	.343***
Number of Weeks Spending on Parent Care (No Parent Care=0)						
Low Parent Care (1-4 weeks)	.029	.034	.034	-.013	.040	.042
Medium Parent Care (5-24 weeks)	-.022	-.021	-.051	-.195*	-.010	-.038
High Parent Care (25-52 weeks)	.012	.020	.014	.117	.030	.020
Age	.198***	.183***	.184***	.186**	.183***	.183***
Gender (Female=1)	-.049*	-.035	-.042	-.036	-.035	-.035
Race (Nonwhite=1)	-.016	-.014	-.015	-.015	.014	-.014
Child under Age 19 in the household at T2	.056*	.052*	.051	.053*	.052*	.052*
Completed Education at T1	-.018	-.007	-.006	-.005	-.007	-.007
Total Family Income at T2 (\$70,000 or more = 0)						
\$ 0 to \$ 24,999	-.173* **	-.172***	-.171***	-.171***	-.172***	-.172***
\$ 25,000 to \$ 44,999	-.063	-.041	-.040	-.039	-.040	-.041
\$ 45,000 to \$ 69,999	-.007	.0003	.001	.002	.001	.001
Number of Living Siblings at T1	-.010	-.026	-.027	-.028	-.027	-.026
Global Health at T2 (1=Very Poor to 5= Excellent)	.013	.010	.011	.011	.011	.010
Female Work Hours at Paid Job at T2	-.104***	-.078****	-.078***	-.077***	-.078***	-.078***
Living in Metropolitan area at T1 (1=Yes)	.063**	.071**	.070**	.071**	.071**	.070**
Gender Role Attitudes	-	.001	.001	-.006	.001	.002
Husband's Contribution to Female Typical Housework (Behavior)	-	-.016	-.015	-.013	-.011	-.016
Match Between Attitudes and Behavior	-	.055*	.055*	.055*	.055*	.052*
Interactions						
Low Parent Care × Gender	-	-	.0001	-	-	-
Medium Parent Care × Gender	-	-	.041	-	-	-
High Parent Care × Gender	-	-	.007	-	-	-
Low Parent Care × Attitudes	-	-	-	.048	-	-
Medium Parent Care × Attitudes	-	-	-	.179	-	-
High Parent Care × Attitudes	-	-	-	-.101	-	-
Low Parent Care × Behavior	-	-	-	-	-.007	-
Medium Parent Care × Behavior	-	-	-	-	-.015	-
High Parent Care × Behavior	-	-	-	-	-.013	-
Low Parent Care × Match	-	-	-	-	-	-.010
Medium Parent Care × Match	-	-	-	-	-	-.023
High Parent Care × Match	-	-	-	-	-	-.0002
R <sup>2</sup>	.196***	.209***	.209***	.211***	.209***	.209***

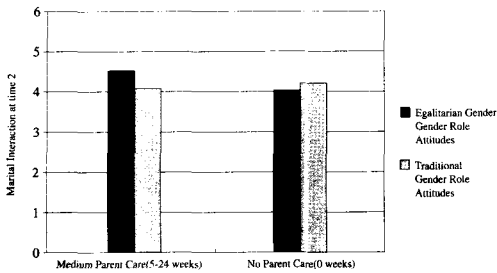
\*p ≤ 0.05 \*\*p ≤ 0.01 \*\*\*p ≤ 0.001



&lt;Table 8&gt; Standardized Regression Coefficients for Marital Disagreement at Time 2

Variables	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Marital Disagreement at T1	.241***	.255***	.253***	.255***	.255***	.254***
Number of Weeks Spending on Parent Care (No Parent Care=0)						
Low Parent Care (1-4 weeks)	.002	.006	.022	.032	-.005	-.014
Medium Parent Care (5-24 weeks)	-.002	.014	.068	.137	.025	.041
High Parent Care (25-52 weeks)	-.010	-.014	-.002	.049	-.005	-.030
Age	-.229***	-.211***	-.212***	-.212***	-.211***	-.211***
Gender (Female=1)	.051**	.040	.058*	.039	.039	.040
Race (Nonwhite=1)	.006	-.005	-.004	-.005	-.005	-.004
Child under Age 19 in the household at T2	-.019	-.010	-.007	-.009	-.010	-.011
Completed Education at T1	-.005	-.017	-.017	-.018	-.017	-.016
Total Family Income at T2 (\$70,000 or more = 0)						
\$ 0 to \$ 24,999	.215***	.236***	.234***	.237***	.236***	.236***
\$ 25,000 to \$ 44,999	.055*	.060*	.058*	.061*	.061*	.059*
\$ 45,000 to \$ 69,999	.019	.020	.019	.021	.020	.019
Number of Living Siblings at T1	.015	.033	.035	.033	.032	.032
Global Health at T2 (1=Very Poor to 5= Excellent)	-.010	.002	.001	.003	.003	.003
Female Work Hours at Paid Job at T2	.065***	.065**	.066**	.066**	.065**	.067*
Living in Metropolitan area at T1 (1=Yes)	-.058**	-.070**	-.070**	-.070**	-.070**	-.068*
Gender Role Attitudes	-	.009	.010	.021	.009	.009
Husband's Contribution to Female Typical Housework (Behavior)	-	.018	.016	.017	.020	.018
Match Between Attitudes and Behavior	-	-.054*	-.053*	-.055**	-.054*	-.054*
Interactions						
Low Parent Care × Gender	-	-	-.023	-	-	-
Medium Parent Care × Gender	-	-	-	.073*	-	-
High Parent Care × Gender	-	-	-	.017	-	-
Low Parent Care × Attitudes	-	-	-	-.027	-	-
Medium Parent Care × Attitudes	-	-	-	-.126	-	-
High Parent Care × Attitudes	-	-	-	-	.064	-
Low Parent Care × Behavior	-	-	-	-	.014	-
Medium Parent Care × Behavior	-	-	-	-	-.014	-
High Parent Care × Behavior	-	-	-	-	-.012	-
Low Parent Care × Match	-	-	-	-	-	.025
Medium Parent Care × Match	-	-	-	-	-	-.035*
High Parent Care × Match	-	-	-	-	-	.020
R <sup>2</sup>	.181***	.196***	.198***	.197***	.196***	.197***

\*p ≤ 0.05 \*\*p ≤ 0.01 \*\*\*p ≤ 0.001



<Figure 2> Marital Interaction at Time 2 by Weeks Spent on Parent Care and Gender Role Attitudes

moderate the impact of parent care on marital quality at time 2. There are two significant moderating relationships. I find that congruence between attitudes and behavior moderate the impact of parent care on marital happiness at time 2. For people who were involved parent care for 5-24 weeks, the match between attitudes and behavior is an important contributing factor to marital happiness at time 2 (See Figure 3). While non-caregivers do not show much differences in their feelings of marital happiness no matter how congruent their attitudes and behavior are, adult child caregivers who have incongruence between attitudes and behavior do have far less feelings of marital happiness than those who have congruence between attitudes and behavior. Thus, congruence between attitudes and behavior appears to buffer the relationship between moderate amount of parent care and marital happiness at time 2.

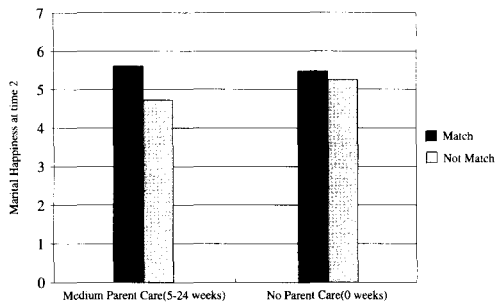
Another significant moderating relationship was found for marital disagreement (Figure 4). For people who were involved in parent care for 5-24 weeks, the match between attitudes and behavior is an important contributing factor to marital disagreement at time 2. Specifically, adult child caregivers who had incongruence between

attitudes and behavior have much higher levels of marital disagreement than those who have congruence between attitudes and behavior. In contrast, non-caregivers do not show much difference in marital disagreement depending on match between attitudes and behavior. Again, congruence between attitudes and behavior appears to buffer the relationship between moderate amount of parent care and marital disagreement at time 2.

## VI. Discussion and Conclusion

Using a nationally representative longitudinal data, this study examines how the onset of parent care influences adult child caregiver's marital quality. The findings suggest that people who made transition to parent care between time 1 and time 2 did not experience declines in marital quality. Overall, the amount of care provided in the sample was relative low. Most of caregivers in this study did not live with their disabled parents but provided parent care while they live separately. Thus, out-of-household caregiving characterized by low involvement in parent care may leads to insignificant effects of parent care on caregiver's marital quality.

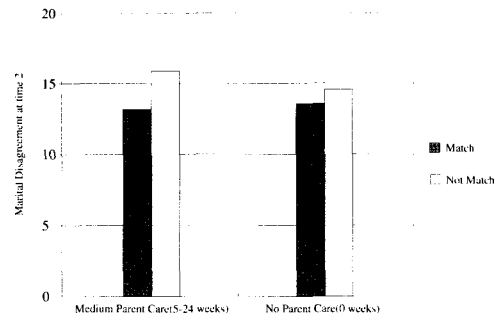
Gender differences in the impact of parent care on marital quality were also minimal. A gender difference was found only for marital disagreement. For the people who were engaged in moderate amount of parent care, the level of marital disagreement at time 2 was much higher for men than for women. It may be that husbands might be unsatisfied with their wives who became



<Figure 3> Marital Happiness at Time 2 by Weeks Spent on Parent Care and Attitude-Behavior Match

primary caregivers. This finding is consistent with Suito and Pillemer (1994), who also found that husbands' negative sentiments about wives' caregiving were mainly associated with husbands' perceptions that their wives were giving the parents' needs the highest priority. The husband's dissatisfaction with the care the wife provides to his parents was another important reason for husbands' negative sentiments. Thus, these circumstances might increase the level of marital disagreement in husbands' point of view.

Gender role attitudes were found to moderate the relationship between the medium number of weeks spent on parent care and marital interaction. Caregivers with egalitarian gender role attitudes have much higher levels of marital interaction than those with traditional gender role attitudes. This result contradicts the study's hypothesis and the previous research, which has found that men and women with nontraditional attitudes were likely to show lower levels of marital satisfaction than their more traditional counterparts (Lye & Biblarz, 1993). One reason may be that egalitarian gender role attitudes influence the marriages of caregivers and noncaregivers differently. For caregivers,



<Figure 4> Marital Disagreement at Time 2 by Weeks Spent on Parent Care and Gender

egalitarian gender role attitudes may encourage married couples to share caregiving roles and ordinary work and family roles, thereby spending more time together than before. Another possibility is that caregivers with egalitarian gender role attitudes might be more willing to seek help from their family members, including their spouse, and from formal service providers. Another reason may be the measures of marital quality used in this study. Because this study used four marital quality dimensions, gender role attitudes may work differently across the dimensions. In this study, a moderating effect was found only in marital interaction.

It was expected that the division of housework (i.e. husband's contribution to female typical housework) would influence the marriage of adult child caregivers. However, no moderating or mediating effects were found in the relationship between weeks spent on parent care and marital quality. One reason may be that individuals' perception of the division of housework plays a more important role in influencing the marriage of caregivers than the real amount of time spent on housework. For example, a wife could be

dissatisfied with husband's contribution to housework even if her husband invests much more time in housework than other husbands. Some wives whose marriage follows traditional ways of housework could be fairly satisfied with their marriage. For these women, caregiving may not produce declines in marital quality. Sutor (1991) found that satisfaction with the division of household labor rather than the amount of husband's contribution to housework was the most influential variable in explaining marital happiness and conflict. Another reason could be individual differences in the ways of dealing with parent care. Some people may actively seek additional support from their communities. Both qualitative and quantitative studies report that people who use formal services (such as adult day care) cope with caregiver burdens better than those who do not (Hendershott, 2000; Zarit, Stephens, Townsend, & Greene, 1998). Thus, caregivers who use formal services might not experience marital stress no matter how much their spouse participates in housework.

While the division of labor (i.e. husband's participation in female typical housework) does not buffer the impact of parent care on adult child caregivers' marital quality, the match between attitudes and behaviors influences the marital quality of adult child caregivers. Specifically, caregivers with congruent attitude-behavior show much higher levels of marital happiness than those with incongruent attitude-behavior. On the other hand, match between attitudes and behavior does not much influence overall feelings of marital happiness for non-caregivers. In case of marital disagreement, caregivers with incongruent attitude-

behavior show much higher levels of marital disagreement than their counterparts. Again, this effect was far less salient for non-caregivers. These results suggest, as hypothesized, that the effect of caregiving experiences in adult children's overall feelings of marital happiness and level of marital disagreement depends on match between gender role attitudes and husband's contribution to female typical housework.

Why do only moderate amounts of caregiving affect marital quality? Among the people who provide parent care for a short period of time (i.e. one month), the match between attitudes and behavior may not influence their marriage because one month may not be sufficient time to influence marital quality. As caregivers are involved in parent care for a longer period of time, they probably face more caregiving burdens and stresses. At this time point, whether caregivers have marriages with congruence between attitudes and behavior may become an important factor in explaining marital happiness. In case of those providing parent care for a longer period of time (i.e. more than 6 months), the match between attitudes and behavior may not have an impact upon marital happiness. It is possible that these married couples reestablish the ways of dealing with caregiving and housework responsibilities. For instance, husbands of caregiving wives might increase amounts of time spent on female typical housework even though he followed the traditional division of housework, but had egalitarian attitudes in the past. Thus, the past match between attitudes and behavior may not influence the current marital happiness of caregivers because they change their behavior patterns toward more egalitarian ways.

Another reason may be that long-term caregiving couples have strong marriages, regardless of match between attitudes and behavior. Thus, the match between attitudes and behavior may not influence marital happiness for these couples.

These results point to the fact that the number of weeks spent on parent care do not negatively affect the marriage of adult child caregivers. Why might parent care responsibility not adversely influence the marriage of adult child caregivers? First, people may have no problems in their marriage if their involvement in caregiving is low (e.g. out-of-household parent care). As I indicated before, most caregivers in this study provide parent care while they do not live with their parents. Second, people who have secure marriages might be more willing to take on caregiving roles than those in poor marriage. In this study, caregivers were less likely to experience divorce or separation than non-caregivers. 14.05 percent of non-caregivers made the transition into separation or divorce from time 1 to time 2 whereas 7.99 percent of caregivers experienced separation or divorce between time 1 and time 2. These people might not be vulnerable to caregiver load and thereby show little decline in marital quality. The amount of parent care may not be a major cause of marital dissolution for middle-aged people even for the people who experience marital dissolution. Finally, marriage might be beneficial for caregivers. Compared to unmarried caregivers, married caregivers can benefit from spousal emotional and instrumental support (Suitor & Pillemer, 1994). The first explanation indicates that the analytic sample in this study does not include the people who most suffer the burdens of parent care and thereby shows no effect of

caregiving in marriage. Conversely, the other explanations denote that secure marriage is not much deteriorated by parent care. Rather, marriage is beneficial for caregivers. However, it is impossible to determine which explanation is the most viable because the NSFH does not contain many people who suffer the most burdens of parent care.

The measurements used in this study have both strengths and weaknesses. The strength of the measure for parent care was that it identified changes in caregiver status and amounts of parent care. However, number of weeks spent on parent care during the past 12 months does not capture the intensity of caregiving roles very well. The amount of time spent on parent care per day might be an alternative measure for the intensity of caregiving roles. The difficulties of caregiving tasks (e.g. eating, dressing, toileting, or transportation) might also reflect how much the adult child involves and parent care. Another limitation could be the fact that the severity of parent's disability was not considered in this study. Compared with parent's physical disability, cognitive disability (e.g. Alzheimer's diseases) may impose greater caregiver load on adult child caregiver. How far the symptoms are developed, for dementing disorders characterized by cognitive impairment, may be important in determining the intensity of caregiving. However, the caregiving measure used in this study did not reflect the severity of patient's impairment and the kind of parent's disability. Unfortunately, questions concerning those factors are not available in the NSFH. Therefore, future research should not only use measures capturing the severity of patient's impairment or disability

when conducting this type of research, but also should include a more complete measure of caregiver load.

Another limitation is that this study interviewed one person in a couple. Although wives and husbands may have different evaluation of their relationships, this study only measured marital quality from one spouse's point of view, not from both spouses. Moreover, wives and husbands also have differential evaluations of their division of housework. For instance, a wife might report their division of housework as "traditional" while her husband reports his contribution to female typical chores as "egalitarian". This type of discrepancy in the perspectives of spouses might be an important contributing factor to declines in marital quality. However, this research did not capture these differences in the evaluation of marriage and housework allocation between husbands and wives because it is based upon the interview drawn from only one person in a couple.

In summary, this research contributes to research on the impact of caregiving roles in several important ways. First, this study uses nationally representative sample to test the impact of parent care on the marriage of adult child caregivers, as compared to the previous small studies. Second, the longitudinal nature of study design provides a rigorous test of how transition into parent care influences the marriage of adult child caregivers. Most prior studies were cross sectional and could not tell what the causal order might be. Third, separate domains of marital quality allow us to examine how each marital quality domain is influenced by parent care experiences. Finally, the study found evidence that moderate amounts of

parent care do not threaten marriages of adult child caregivers, and married people cope well with their caregiving responsibility especially if they experience attitude-behavior match in their family roles.

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