Spousal care and marital quality in later life: A longitudinal analysis

The number of older people in Britain is growing and the composition of the elderly population is changing: a rising proportion of older people is living with a partner (ONS 2013). Living with a partner can have multiple positive influences on individual health and well-being but these effects are conditional on the quality of the partnership (Umberson & Williams 2005; Carr et al. 2014; Margelisch et al. 2017). Therefore, it is important to understand the processes that lead to an improvement or a decline of marital quality at higher ages and identify ways to sustain high marital quality.

Marital quality refers to the subjective assessment of the marriage as 'good' or 'successful'. One benefit of marriage is the easy access to informal care. For people aged between 60 and 74, the spouse is the most important source of help and care (ONS 2007). For people at higher ages, the most common providers of help are spouses, daughters and paid carers at about equal rates.

Providing mutual help and care usually contributes to building and maintaining intimacy in couple relationships. However, long hours of caregiving can turn into a burden, especially when carers are frail or care hours are very long. In such a situation the carer might feel stressed or resentful (Pinquart & Sörensen 2011). Spouses with other caring obligations or paid work commitments might be particularly vulnerable to experiencing a time squeeze (Lima et al. 2008).

Informal caregiving for frail family members and friends is typically dominated by women. Women are not only more often involved in caregiving; on average they also tend to provide more intensive care. According to Pinquart and Sörensen (2006), wife caregivers provided longer hours of care and a wider range of care activities than husband caregivers. Therefore, wives were more often at risk of experiencing caregiver stress. Most of the literature about informal caregiving focuses on caregivers in mid-life and early old age. Little is known about spousal care at higher ages. Gendered patterns of morbidity and living arrangements might lead to special caregiving patterns. Among the oldest spousal carers, men might actually prevail because a much higher proportion of old men than old women live in couples.

Gender differences in spousal caregiving and its influence on marital quality might not just emerge from the amount of caregiving and the available support but also from both spouses' attitudes to caregiving and receiving. Caregiving can disrupt the balance of exchanges in marital relationships (Miller 1990; Wright & Aquilino 1998). Wife caregiving fits into traditional gender roles in marriage but husband caregiving can cause frictions with established gender roles in marriage. However, changing gender role attitudes might have reduced some of these frictions.

The life-course perspective offers a useful way of framing changes in the marital quality of couples in the face of ill health and care needs (Umberson et al. 2005). The life-course perspective conceives marital quality as constantly changing in response to events in different life domains, including own and partner's health. The way in which a couple copes with these changes depends on their personal dispositions and interactions, their partnership histories as well as their resources and constraints.

Research about the influence of spousal caregiving on marital quality is rare and often limited to particular and severe illnesses (Boylstein & Hayes 2012). There are, however, studies about health

transitions and their consequences for the marital relationship (Ade-Ridder & Brubaker 1983; Rose & Bruce 1995; Ray 2006; Walker & Luszcz 2009; Iveniuk et al. 2014). The latter has shown that the onset of illness in one partner tends to affect the marital relationship but it affects husbands and wives in different ways. Some couples show considerable resilience in the face of illness in old age (Walker and Luszcz 2009).

The aim of this study is to analyze the effects of spousal care on marital quality in elderly couples. The first part of the analyses will explore the provision of spousal care in elderly couples in the UK, including its prevalence, intensity and socio-demographic patters. The second part of the analyses will test hypotheses about the effects of spousal care on marital quality. Drawing on a life-course perspective and paying attention to possible gender differences, these hypotheses will predominantly address gender differences and differences in couples' resources.

Data and analyses

The UK Household Longitudinal Study (UndSoc) is a panel study of approximately 40,000 households in the UK. The first nine waves will be used for the analyses, covering the years 2009-2019. The analyses will be based on all co-resident couples where both spouses were at least 55 years old or older in the first panel wave. After excluding couples with missing interviews or missing information about partnership quality, 4,083 couples remain for the analysis in wave 1. These couples can be followed over successive panel waves. About half of them participated in wave 7.

Most quantitative research about older couples is based on cross-sectional data and information from one spouse only. A particular strength of analysing UndSoc is its longitudinal design with the repeated interviews of both partners. The first research question will be addressed by descriptive analyses of spousal caregiving. A fixed-effects panel model will be part of the second set of analyses.

Information about spousal care is available in each wave. For the majority of spousal carers, the weekly care hours are also available. In every second wave, respondents were given a short version of the Dyadic Adjustment Scale (Spanier 1976). Thereby, measures for relationship satisfaction and relationship cohesion are available. In addition, respondents answered a global item about marital satisfaction.

Initial findings: Spousal care and relationship quality in wave 1

Among the selected 4,083 couples, 20% reported providing care for their spouse: 12% of women provided care for their partner and 10% of men. Among the spousal carers with valid information, 47% of female carers cared for up to 20 hours, 25% for 20 to 99 hours and 27% for 100 hours or more. The corresponding figures for male carers are 55%, 19% and 25%.

In wave 1, female carers reported a lower level of relationship satisfaction than other women whereas spousal care made no difference to men's level of relationship satisfaction. Both male and female spousal carers reported lower levels of relationship cohesion compared to non-carers. The relationship satisfaction and cohesion reported by care recipients did not differ from that of individuals in couples without any spousal care. Male and female spousal carers reported lower levels of happiness with the

relationship compared to non-carers whereas care recipients did not differ in their assessment from individuals in couples without spousal care.

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