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# Who are Quebec's caregivers and what kinds of support do they provide? An age- and gender-based analysis

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Using data from the Statistics Canada  
General Social Survey (2018)

May 2023



Observatoire  
québécois de la  
**proche aide**

En partenariat avec :

Québec 

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# Credits

This report has been produced by the Quebec Observatory on Caregiving, Academic Affairs and Research Ethics, CIUSSS West-Central Montreal.

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# Highlights

## *Quebec caregivers: a profile*

- ▶ The majority of caregivers are aged between 45 and 64.
- ▶ Across all age groups, caregivers are significantly more likely to be women.
- ▶ Caregivers aged 65 and up constitute the only age group where the percentages of male and female caregivers are on par.
- ▶ In 2018, men who were caregivers were significantly more likely to have provided care to two individuals in the previous 12 months, whereas women were significantly more likely to have provided care to one.
- ▶ Women caregivers were more likely to provide care to a parent.
- ▶ The most common type of caregiver is a woman aged between 45 and 64 who provides care to one or both parents.
- ▶ Caregivers of both genders aged 65 and up were the group most likely to provide care to a partner.

## *Support provided by Quebec caregivers*

- ▶ The three most common forms of caregiving activity are transportation, housekeeping and home maintenance.
- ▶ The kinds of activities caregivers perform are divided based on gender lines across all age groups. In 2018, women tended to carry out activities related to housekeeping and care (domestic tasks, care coordination, assistance with bathing, etc.), while men were more likely to carry out home maintenance (indoor/outdoor renovations and upkeep).
- ▶ Women caregivers were more likely to take on responsibilities that are more cumbersome or restrictive (e.g., activities needing to be completed on a regular basis). For example, they reported performing a greater range of activities and were more apt to spend 20 hours or more per week on caregiving.
- ▶ Caregivers aged 45 to 64 performed the greatest range of caregiving activities compared to other age groups.
- ▶ Caregivers aged 65 and up tended to devote the greatest number of hours per week to caregiving (20 or more). The inverse is true for younger caregivers (ages 15 to 44), who tended to spend the least amount of time on caregiving (1 to 3 hours per week).

# Introduction

In Quebec in 2018, caregivers accounted for some 21.1% of the population, or roughly 1,489,000 Quebecers — a figure that, in itself, does nothing to suggest the diversity and complexity of caregiving situations.

Age and gender are factors that significantly influence these situations.<sup>1</sup> For instance, women tended to assume the caregiver burden earlier on and more often than men; they also took on greater responsibility within the role.<sup>2</sup> Women caregivers were also more likely to cut back on their working hours or leave their jobs altogether.<sup>3</sup> In general, older caregivers had more time to devote to caregiving and performed activities that called for greater social, material and financial resources;<sup>4</sup> they were also likelier to care for a spouse or partner.<sup>5</sup> Young caregivers, in turn, were more apt to provide care to a parent or grandparent and perform tasks that were less visible.<sup>6</sup> Given these particularities, it is crucial to obtain data based on age and gender if we are to get a complete picture of the kinds of challenges and needs caregivers face.

The most recent data on caregiving in Canada are from Statistics Canada's 2018 General Social Survey (GSS). The Institut de la statistique du Québec (ISQ) compiled some of the GSS's results in a report entitled *Les personnes proches aidantes au Québec en 2018*<sup>7</sup> that presents key findings on caregiver demographics in Quebec along with an overview of the kinds of support they provide. Our report draws on these data

to examine Quebec's caregivers through the lenses of age and gender.<sup>a</sup>

To properly account for the characteristics of caregiving and the nature of the help provided, this document has been divided into two main sections:

- ▶ Who are Quebec's caregivers? To address this question, we analyze the caregiver profile based on age, gender, employment status, number of individuals supported and relationship with the care receiver.
- ▶ How might we characterize the care provided by Quebec caregivers? This section looks at the different kinds of caregiving activities, how often they recur and the number of weekly hours devoted to them.

These sections are preceded by a description of the methodology used for the analysis. A brief conclusion will highlight gaps in the statistical data.

a In statistics, differentiated analysis is used to isolate a variable (e.g. age, gender) that enables a comparison between the living conditions of one segment of the population and another, the better to target specific needs and challenges (Ministère de la Santé et des Services sociaux. (2018). Analyse différenciée selon le sexe (ADS), [online] <https://www.msss.gouv.qc.ca/professionnels/sante-et-bien-etre-selon-le-sexe/analyse-differenciee-selon-le-sexe/>)

## METHODOLOGY

The data presented in this document are drawn from the Institut de la statistique du Québec (ISQ) compilation, based on findings in Statistique Canada's 2018 General Social Survey – Caregiving and Care Receiving (GSS). The target population for the GSS is all non-institutionalized persons 15 years of age or older, living in the 10 provinces of Canada. All statistics in the present report concern GSS participants in Quebec who had responded “yes” to the following question:<sup>b</sup>

- ▶ "During the past 12 months, have you helped or cared for someone who had a long-term health condition or a physical or mental disability?"<sup>b</sup>



### THE STATISTICS CANADA GENERAL SOCIAL SURVEY

Established in 1985, the General Social Survey (GSS) is a series of independent surveys, each of which covers one topic in-depth related to the living conditions and well-being of Canadians. GSS cycles recur on a six- to 12-month basis. In addition to the sociodemographic data collected, each of the survey's six key themes is repeated in-depth approximately every five years. Over the years, the GSS has served as evidence behind key government programs and informed research about social life.

The theme of “Caregiving and Care Receiving” is our source of data on caregiving. This theme was addressed in the 1996, 2002, 2007, 2012 and 2018 surveys. Accordingly, the 2018 survey represents Statistics Canada's most recent data on caregiving in Canada and Quebec.

<sup>b</sup> More information on the methodology used in the 2018 General Social Survey is available on the Statistics Canada website: <https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=4502>

## METHODOLOGICAL LIMITATIONS

The data that form the basis of this report present certain limitations.

### *Self-identification as a caregiver*

It's possible that the phrasing of the question used to identify caregivers<sup>c</sup> has somewhat skewed the survey results, resulting in an underestimate. Although the question was carefully worded to be as inclusive as possible with regard to the various forms of caregiving, some respondents may have answered "no" because they felt their own experience did not correspond to the specific factors identified. For example, someone may have felt that they didn't spend enough hours providing care to answer "yes," even though the question had mentioned no minimum duration. Or again, someone might have answered "no" because they didn't consider the activities they carried out to constitute a relevant form of aid or support. (For example, emotional support is often overlooked as part of the caregiving equation.) Furthermore, the terms "physical disability" and "mental disability" are subject to interpretation. Some respondents may not have believed that the care receiver's disability was significant enough, or long-term enough, to warrant a "yes" response. Given this potential underestimation, the statistics regarding caregiving and the nature of the care provided may not be exhaustive or fully represent the Quebec situation.

When interpreting the results, it's also important to consider a key factor brought to the fore by the Council on the Status of Women (2018): namely, that women are more likely to take caregiving roles for granted — i.e., see them as a natural offshoot of their other roles as partners, daughters, sisters and so on. Since women are already responsible for the majority of domestic and care work, they may not even notice they've become caregivers because it is simply "expected" of them.<sup>2</sup> For these reasons, women respondents may have been less likely than men to respond affirmatively to the question of whether they had helped or cared for someone with a long-term health condition or a physical or mental disability over the course of the past 12 months.

### *Coefficient of variation*

Sample sizes represent another methodological limitation. The coefficient of variation was calculated to quantify sampling error. When the coefficient of variation falls in the 15%-to-25% range, particular care must be taken when interpreting results. Data in our report that correspond to this have been identified with an asterisk (\*). It should be noted that, in this document, data associated with male respondents have a higher coefficient of variation; this is because men are less likely to respond to surveys of this kind, which results in smaller sample sizes.<sup>2</sup>

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<sup>c</sup> "During the past 12 months, have you helped or cared for someone who had a long-term health condition or a physical or mental disability?"



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## *Ages 15 to 44: a broad and diverse range*

The Institut de la statistique du Québec (ISQ), the body responsible for compiling Quebec's 2018 GSS data, categorizes caregivers in three age groups: 15–44, 45–64 and 65+. The 15–44 age range is too broad to capture any of the specific characteristics that differentiate adolescent and young adult caregivers, including details on the care they provide. However, the realities experienced by young caregivers are apt to be very different to those experienced by middle-aged adults (ages 34 to 44), which can affect their caregiver trajectories.<sup>6</sup> Particular care must thus be taken when interpreting the conclusions in this report as regards caregivers aged 15 to 44.

# Who are Quebec's caregivers?

The [Act to recognize and support caregivers](#)<sup>d</sup> defines a caregiver as “[A]ny person who provides support to one or more members of his or her immediate circle who has or have a temporary or permanent physical, psychological, psychosocial or other incapacity, regardless of their age or living environment, and with whom the person shares an emotional bond as a family member or otherwise.”<sup>e</sup>

It is estimated that, in 2018, 21.1% of all Quebecers aged 15 and up were caregivers, a figure representing some 1,489,000 individuals. However, caregivers are a diverse group, and it is essential to understand their differences so as to better understand the specific challenges they face. Before analyzing any characteristics of caregiving activities by age and gender,

this section will present a general overview by examining the following three questions:

- ▶ Who are caregivers? (age, gender, employment status)
- ▶ Who do they care for?
- ▶ How many people do they care for?

## CAREGIVERS BY AGE GROUP

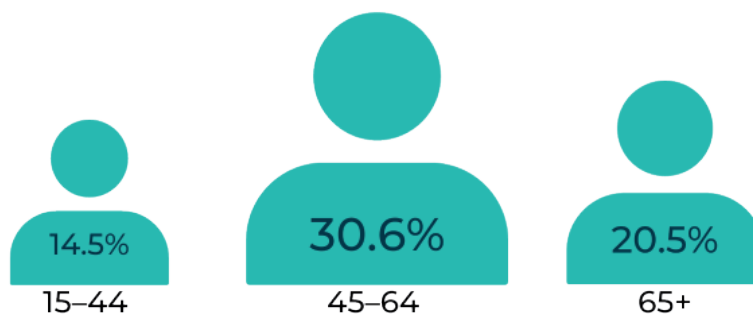
### Overview

By age, the highest proportion of caregivers is in the 45–64 group, nearly one-third (30.6%) of whom identify as such. Next is the 65+ group, with caregivers accounting for one in five people (20.5%). The smallest proportion is in the 15–44 group (14.5%).

<sup>d</sup> For more information on the definitions of “caregiving,” “caregivers” and “care receivers,” see <https://observatoireprocheaidance.ca/definitions-de-la-proche-aidance/>

<sup>e</sup> Act to recognize and support caregivers (2022). Quebec Official Publisher, <https://www.legisquebec.gouv.qc.ca/en/document/cs/R-1.1#:~:text=The%20purpose%20of%20this%20Act.support%20them%20in%20their%20role.>

## Proportion of caregivers in each age group



The highest proportion — 30.6% — was in the 45–64 age group. Those aged 65+ came next, at 20.5%. For the youngest age group (ages 15–44), the proportion was somewhat lower, at 14.5%.

A number of elements help explain this relationship between age and caregiving. Aging is a factor in the development of most chronic illnesses and degenerative diseases.<sup>9</sup> Those who live with age-related disabilities are often cared for by a partner or by their children, who by this stage are likely to be older themselves. According to a Canadian study of caregivers aged 65+, the majority were providing care to individuals whose disabilities resulted from age or frailty.<sup>5</sup>

Adolescents and young adults were less likely to provide care to those who were older or very old. That said, some research suggests that statistical data related to young caregivers may underestimate the actual situation.<sup>10,11</sup> On the one hand, the kinds of caregiving responsibilities linked to age-related difficulties that are taken on by older adults are better known and more extensively documented. It is also possible that young people who care for middle-aged parents or siblings — for example, in cases involving

mental health issues, substance abuse issues or other forms of incapacity — may not recognize themselves as caregivers. Lastly, some statistical surveys simply overlook such contexts of care.<sup>10</sup>



## YOUNG CAREGIVERS IN CANADA

As noted above in the discussion of limitations concerning methodology, the 15–44 age group is too broad to allow any specific conclusions to be drawn regarding adolescent and young adult caregivers. However, to give some general indications, the most recent data on young caregivers in Canada comes from the 2012 GSS. At that time, it was estimated that 27% of Canadians aged 15–29 (some 1.9 million individuals) were caregivers. The main conclusions drawn from that study were:

- ▶ Young women were more likely to be caregivers than young men.
- ▶ Young caregivers were more likely to see to the needs of a grandparent or parent.
- ▶ One in five young caregivers indicated that their studies were suffering as a result of their caregiving responsibilities.
- ▶ More than one-third of young caregivers had arrived late to or been absent from work as a result of their caregiving responsibilities.

## CAREGIVERS BY GENDERS

### Overview

Women were significantly more likely than men to be caregivers (24.1% of women vs. 18.1% of men). The gap was most significant in the 45–64 age group (35.8% vs. 25.5%). Within the 65+ age group, however, this difference narrowed considerably (20.7% vs. 20.2%).

Proportion of caregivers by gender:

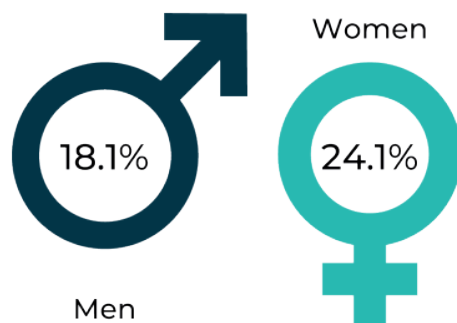
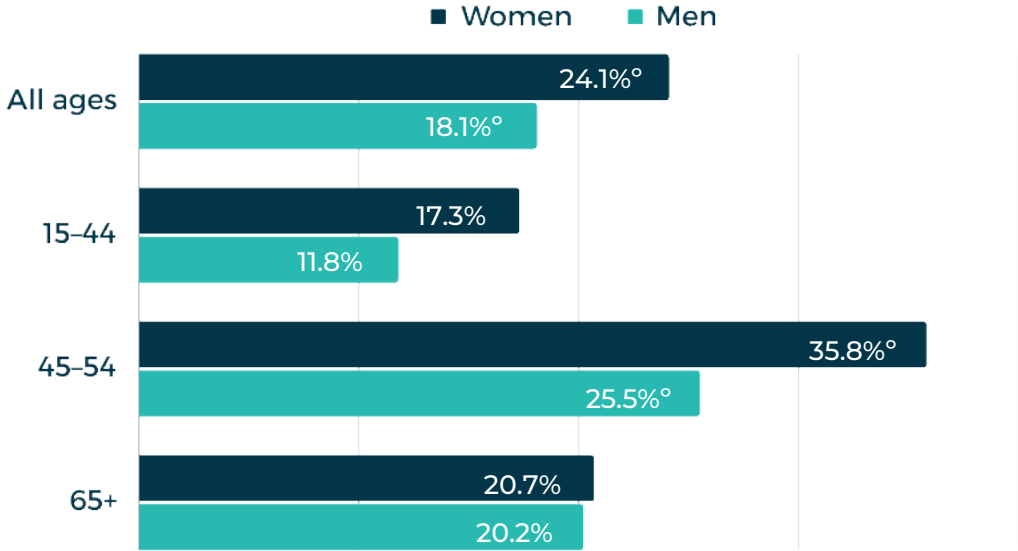


Figure 1 shows caregivers proportions by age group and gender.

### Caregivers by age group and gender, Québec, 2018



<sup>o</sup>Represents a significant difference in the proportions of women and men.

**Figure 1**

Source: Statistics Canada, 2018 General Social Survey, public use microdata file. Compiled by the Institut de la statistique du Québec; adapted by the Quebec Observatory on Caregiving.

Of all the parties self-identifying as caregivers in the 2018 GSS, the data show that women were significantly likelier to be caregivers than men. Taken in the aggregate, the difference is substantial — 24.1% of women vs.<sup>f</sup> 18.1% of men. This difference has also been observed in other studies related to caregiving.<sup>2,13</sup> Moreover, the actual gap may be even higher, since these studies also indicate that women are less likely to formally self-identify as caregivers because they tend to see it as a “natural” and “normal” role.

The gender gap in caregiving varies by age group. The most statistically significant difference may be observed in the 45–64 group, more than a third of whose female members self-identified as caregivers (35.8%), compared

to a quarter of its men (25.5%). A lesser (and not statistically significant) gap can be observed in caregivers aged 15–44: 17.3% of women vs. 11.8% of men. In the 65+ age group, the gap closes to 20.7% of women vs. 20.2% of men.

The nature of the relationship between caregivers and those they assist may help to explain the similarity of the proportions of men and women in the oldest age group. Caregivers aged 65 and up were more likely to provide care to a partner, regardless of gender. By comparison, among 45-to-64-year-olds, women were significantly more likely than men to provide care to a parent. Gender would thus appear to be an important differentiating factor in contexts where the care recipient is a parent as opposed to a partner or spouse.<sup>9</sup>

<sup>f</sup> Throughout this text, “vs.” is used to indicate “compared to.”

<sup>g</sup> For further information, refer to the section, “What is the relationship between caregiver and care receiver?”

## Overview

The majority of caregivers were employed (57.1%), though at a rate slightly below that of the general population (61.5%). Male caregivers were more likely to be working than their female counterparts, though not to a significant degree (60.9% vs. 54.3%). Additionally, the older the caregiver, the less likely they were to be employed, regardless of gender, as is the case with the general population.

### THE EMPLOYMENT STATUS OF CAREGIVERS

Caregivers' labour market presence varied according to personal trajectory, particularly in relation to the evolution of the care receiver's needs and disabilities. A caregiver may decide to work less so as to devote more time to caregiving, or the inverse. Someone who is unemployed may also decide to devote more time to caregiving. In the survey, respondents had to state whether they had worked during the reference period. The employment rate was thus calculated based on all responses in the affirmative to the question, "Last week, did you work at a job or business?"



Nearly six out of 10 caregivers (all ages/genders) were employed<sup>h</sup> (57.1%).

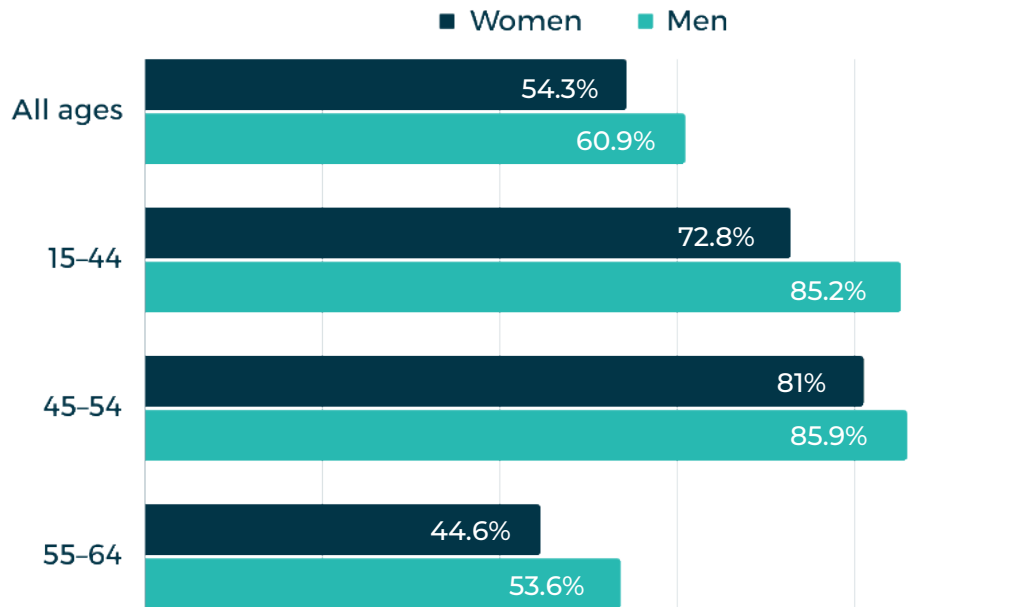
The majority of caregivers had to juggle paid work with caregiving duties (57.1%). Nonetheless, the employment rate among caregivers was slightly below that of the general population. In 2018, 61.5% of Quebecers aged 15 and over were employed.<sup>14</sup>

<sup>h</sup> 2018 General Social Survey. Respondents who answered "yes" to the question, "Last week, did you work at a job or business?"

## By gender

Figure 2 presents the proportions of employed caregivers by age and gender.

### Employed caregivers by age and gender, Quebec, 2018



**Figure 2**

Source: Statistics Canada, 2018 General Social Survey, public use microdata file. Compiled by the Institut de la statistique du Québec; adapted by the Quebec Observatory on Caregiving.

Taken as a whole, male caregivers were more likely to be employed than their female counterparts (60.9% vs. 54.3%). Compared to the 2018 male/female employment rate figures for the general population in Quebec — 64.8% and 58.2%, respectively<sup>14</sup> — the employment rate among caregivers can thus be observed to be slightly lower. Does being a caregiver affect the employment rate of any one gender to a greater or lesser degree? Admittedly, fewer women caregivers reported being employed; however, this also holds true of the general population. Similarly, the gap between the numbers of working men and women in the general population is comparable to that of caregivers. Given that the employment rate is lower among caregivers than among the general population

but that the employment-related gender gap remains comparable, caregiving would appear to affect the employment rate of men and women to a similar degree.



## EMPLOYMENT RATES AMONG MALE AND FEMALE CAREGIVERS

Nonetheless, there is substantial evidence that women who are caregivers are more likely than are men to miss out on opportunities for job advancement. They are also more apt to retire early, work fewer hours, take time off or leave their jobs altogether.<sup>3</sup> A quantitative and longitudinal Canadian survey conducted in 2015 by Lee et al. found that, while for women, becoming a caregiver was directly linked to a decrease in the number of hours worked, for men, it appeared to have no effect.<sup>15</sup>

With respect to the GSS, we must keep in mind that the employment rate does not take into account the number of hours worked, but simply the fact of being employed during the reference period. Thus, a woman who had cut back her hours (e.g. gone over to working part-time) to be able to devote more time to caregiving would still factor into the data as “employed.”



## EMPLOYMENT AND THE FINANCIAL SITUATION OF CAREGIVERS

The fact of being employed (or not) is generally a major factor in an individual's financial situation. While we have no statistical data on caregivers and their income, a number of studies have shown how caregiving can impact the caregiver's financial situation.<sup>16,17,18</sup> Short- and long-term impoverishment and reduced retirement income are among the risks faced by caregivers who reduce their working hours or leave their jobs to assume their role as caregiver.<sup>3</sup>



## By age

Table 1 presents the proportions of caregivers by age and employment status.

**Caregivers by age and employment status, Quebec, 2018 (%)**

Employment status	15 to 44 (%)	45 to 54 (%)	55 to 64 (%)	85 to 74 (%)	75+ (%)
Employed	77.9	83	48.5	11.4*	UD
Unemployed	22.1*	17*	51.5	88.6	98.6

\*For data marked with an asterisk, the coefficient of variation is between 15% and 25%. Appropriate care must therefore be taken when interpreting results  
UD = unreliable data

**Table 1**

Source: Statistics Canada, 2018 General Social Survey, public use microdata file. Compiled by the Institut de la statistique du Québec; adapted by the Quebec Observatory on Caregiving.

Table 1 indicates that the older the caregiver, the less likely they are to be employed, a trend comparable to that of the general population. Statistics Canada's 2018 labour force survey reported that just 10.6% of Quebecers aged 65 and up were employed.<sup>14</sup>

## WHAT IS THE RELATIONSHIP BETWEEN CAREGIVER AND CARE RECEIVER?

### Overview

Caregivers in general were most likely to look after the needs of a parent (42.3%), with women substantially more likely to provide this kind of care than men (46.2% vs. 37%). Caregivers aged 45 to 64 were more likely to support a parent than any other age group (57.9%); here, too, women were significantly more likely to perform this role than men (64.6% vs. 48.9%). Caregivers of both genders aged 65 and up were more likely to care for a partner (26.8%), and caregivers aged 15 to 44, for a parent (34.2%), again with no notable gender difference.

There is a wide array of relationships between caregivers and those they assist.<sup>i</sup> Survey respondents were asked to identify the nature of the relationship with the person to whom they devoted the most time and resources.

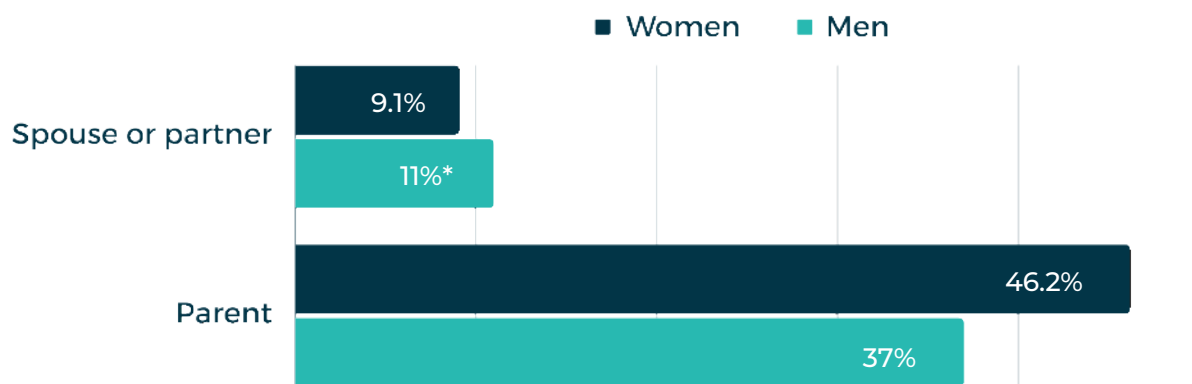
Below are the kinds of caregiving relationships, listed in order of significance:<sup>j</sup>

- ▶ Parent (42.3%)
- ▶ Friend, neighbour or other (13.3%)
- ▶ Brother, sister or other extended family member (12.2%)
- ▶ Spouse or partner (9.9%)
- ▶ Child (8.2%\*)
- ▶ Parent-in-law (8.1%)
- ▶ Grandparent (5.9%\*)

### By gender

Figure 3 presents the proportions of caregivers who support a partner or parent, by gender.

**Caregivers who support a partner or parent, by gender, Quebec, 2018 (%)**



\*For data marked with an asterisk, the coefficient of variation is between 15% and 25%. Appropriate care must therefore be taken when interpreting results

**Figure 3**

Source: Statistics Canada, 2018 General Social Survey, public use microdata file. Compiled by the Institut de la statistique du Québec; adapted by the Quebec Observatory on Caregiving

Women were more likely than men to support a parent. Indeed, across the three groups, women who provided care to a parent accounted for nearly half of all caregivers (46.2%), as compared to men (37%). The gender gap was statistically significant in the 45–64 group (48.9% men vs. 64.6% women). As regards caring for a spouse or partner, the numbers were fairly close

(9.1% women vs. 11%\* men), though the data pertaining to men in this category should be interpreted with caution.

All of this would suggest that gender factors less into the provision of care to a spouse or partner, findings that are supported by various studies. Indeed, certain authors who have

<sup>i</sup> The survey sought to examine the relationship between the caregiver and the primary care receiver, i.e. the person to whom the respondent felt they had devoted the most time and resources during the reference period.

<sup>j</sup> Percentages may not total 100% due to rounding.

examined the order of priority in terms of how the role of caregiver is assigned in a situation of an age-related disability have observed that the care receiver's partner is largely the first choice, regardless of whether they are a man or a woman. Next in line are the recipient's children — though in this instance, gender would in fact appear to weigh into the equation. A 2014 study conducted in the United States has shown that, for men, having a sister tended to lessen their caregiving responsibilities, whereas for women, the fact of having a brother increased their caregiver burden.<sup>20</sup> The data we present would appear to draw similar conclusions, i.e., that parents in need of care are more likely to receive support from their daughters, particularly those aged 45–64.

### By age

Table 2 presents caregiver distribution by age based on the nature of their relationship to the person on whom they spend the greatest amount of time and resources. However, it should be noted that we currently lack reliable data on certain types of caregiver/care receiver relationships by age (parent-in-law, grandparent, child).

### Caregivers by age group and relationship with care receiver, Quebec, 2018 (%)

Nature of the relationship	15–44 (%)	45–64 (%)	65+ (%)
Parent	34.2	57.9	18.9
Spouse or partner	UD	6.3*	26.8
Friend, neighbour or other	16.1*	8.5*	20.1
Brother, sister or extended family member	12.5*	8.3*	20.6

\*For data marked with an asterisk, the coefficient of variation is between 15% and 25%. Appropriate care must therefore be taken when interpreting results.

UD = unreliable data; cannot be disseminated.

**Table 2**

Source: Statistics Canada, 2018 General Social Survey, public use microdata file. Compiled by the Institut de la statistique du Québec; adapted by the Quebec Observatory on Caregiving.

Although some data on the nature of the relationship by age group are missing or must be interpreted with caution, it would appear that caregivers aged 65+ were the most apt to provide care to a spouse or partner (26.8%), sibling or other extended family member (20.6%), or even a neighbour, friend or other (20.1%). The 15–44 and 45–64 age groups, in turn, were more likely to provide support to a parent.

Given that most caregivers are aged between 45 and 64 (30.6%) and are the most likely to provide care to a parent (57.9%), the most widespread category of caregiving would therefore appear to be when an adult child — most often a woman — takes care of an aging parent.

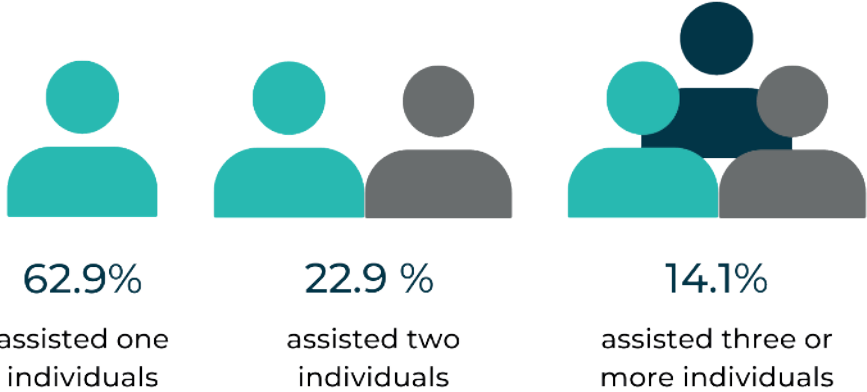
### HOW MANY INDIVIDUALS DO CAREGIVERS SUPPORT?

#### Overview

A majority of caregivers (62.9%) provided support to a single individual. However, nearly a quarter (22.9%) supported two individuals, while 14.1% provided care to three or more individuals. Male caregivers were significantly more likely to support two individuals (28.9% of men vs. 18.5% of women); women, in turn, were significantly more likely to support a single individual (68.3% vs. 55.7%). There was no significant correlation between a caregiver's age group and the number of individuals they supported.

As a general rule, caregiving is understood as the relationship between a caregiver and a care receiver. However, it is quite normal for a caregiver to support more than one care receiver, just as it is for a given recipient to be supported by more than one caregiver.<sup>4</sup>

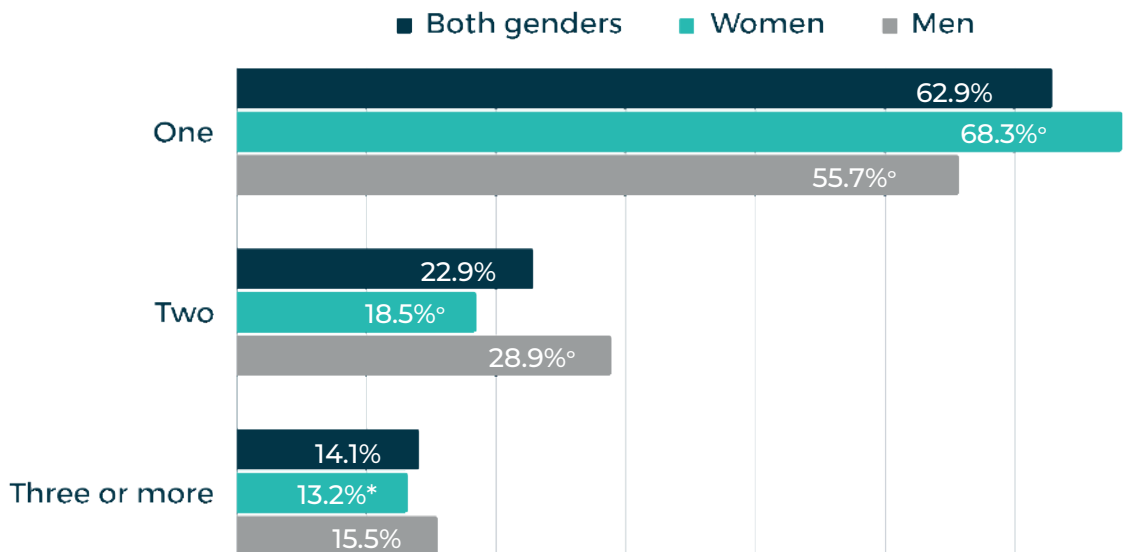
Across all caregivers:



## By gender

Figure 4 shows the proportions of caregivers based on how many care receivers they assist, by gender.

### Caregivers based on number of care receivers assisted, by gender, Quebec, 2018 (%)



\*For data marked with an asterisk, the coefficient of variation is between 15% and 25%. Appropriate care must therefore be taken when interpreting results.

<sup>°</sup>Represents a significant difference in the proportions of women and men.

#### Figure 4

Source: Statistics Canada, 2018 General Social Survey, public use microdata file. Compiled by the Institut de la statistique du Québec; adapted by the Quebec Observatory on Caregiving.

As caregivers, women were significantly more likely than men to support one care receiver (68.3% vs 55.7%, respectively), while men were significantly more likely than women to support two care receivers (28.9% vs. 18.5%, respectively). This holds true across all age groups.

If, on the whole, fewer men than women were involved in caregiving, they were proportionally likelier to support two care receivers. This may mean that men often play secondary roles in terms both of the time spent on caregiving and the type of caregiving activity,<sup>k</sup> leaving the role of primary caregiver to women. We must also take into account that women are more likely than men to consider caregiving as

a “natural” extension of their roles as partners, daughters or sisters.<sup>2</sup> It is therefore quite possible that female survey respondents did not take into account all the individuals they assisted — for example, that they considered “caregiving” as extending only to those individuals to whom they had provided a significant number of hours of care.

There was no significant correlation between a caregiver’s age group and the number of individuals they assisted.

k See section “Characteristics of the care provided by caregivers.”

# Characteristics of the care provided by caregivers

Caregiving is defined as support or help offered by one person to another.<sup>1</sup> This support varies over time in terms of both type and intensity. Accordingly, the forms of caregiving are constantly evolving, depending on a number of factors — for example, the care receiver’s level of disability, the caregiver’s availability, and the desires and choices of all parties involved. With this in mind, this section attempts to characterize certain aspects of the provision of care by looking at the most common activities, the frequency at which these activities take place, and the number of hours devoted to it.

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To do so, this section responds to three questions:

- ▶ What types of help do caregivers provide?
- ▶ How often do caregivers provide help?
- ▶ How many hours per week and per year do caregivers devote to providing help?

## WHAT TYPES OF HELP DO CAREGIVERS PROVIDE?

### Overview

Whether examined from a weekly or a yearly perspective, the three most common types of help provided by caregivers fall into the areas of transportation, housekeeping and home maintenance. However, these activities tend to vary substantially by gender. Women were significantly more likely to perform a broader range of caregiving activities and take on tasks that represented a more cumbersome and restrictive workload.

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<sup>1</sup> “The support is continuous or occasional, and short- or long-term, and is provided on a non-professional basis and in a free, enlightened and revocable manner in order, among other things, to promote the care receiver’s recovery and the preservation and improvement of his or her quality of life at home or in other living environments. It may take various forms, such as transportation, assistance with personal care and housekeeping, emotional support, or coordination of care and services.” (*Act to recognize and support caregivers, Article 2*)

Caregivers provide help in a wide array of forms that vary in response to each caregiver’s capacity and will, each recipient’s needs, and numerous other factors. The GSS characterizes “help” into seven main activity types. In the questionnaire, respondents were asked to identify the types of help they had provided over the course of the 12 preceding months, as well as those that had been carried out weekly.

Table 3 shows the different types of caregiving activities provided by all caregivers on a yearly and on a weekly basis.

**Caregiving activity breakdown, yearly and weekly, all ages,<sup>m</sup> Quebec, 2018 (%)**

Activity type <sup>n</sup>	Yearly (%)	Weekly (%)
Transportation	71.6	29.2
Housekeeping	50.9	18.1
Home maintenance	40.1	17.1
Coordinating care	33.4	11.9
Banking	31.1	9.5
Personal care	27.5	10
Medical care and treatment	23.2	7*

\*For data marked with an asterisk, the coefficient of variation is between 15% and 25%. Appropriate care must therefore be taken when interpreting results.

**Table 3**  
Source: Statistics Canada, 2018 General Social Survey, public use microdata file. Compiled by the Institut de la statistique du Québec; adapted by the Quebec Observatory on Caregiving.

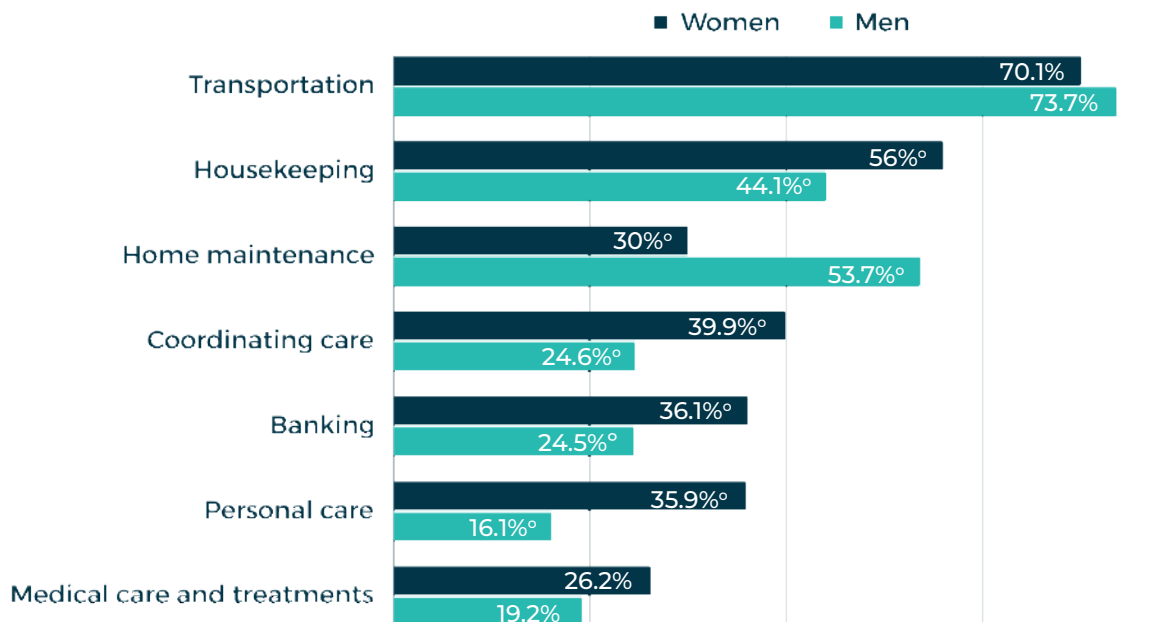
Both yearly and weekly, the three most common types of activity were transportation, housekeeping and home maintenance. Contrary to what one might expect, these activities are neither directly associated with medical care and treatment, nor with personal care.

m Caregivers may have indicated involvement in more than one type of activity. As a result, the sum of all percentages will not necessarily total 100%.  
n Transportation” includes travel related to errands, medical appointments or social activities. “Housekeeping” refers to domestic tasks such as food preparation, dishwashing, housecleaning, laundry, sewing, etc. “Home maintenance” includes various repairs and renovations both inside and around the house. “Coordinating care” includes making medical appointments, organizing care schedules, filling out insurance forms, and hiring and/or overseeing professional help. “Banking” includes paying bills and managing finances. “Personal care” includes assistance in bathing, dressing, toileting, hair or nail care, etc. “Medical care and treatment” includes changing dressings, ensuring medication is taken on time, and providing other required treatments (e.g., measuring blood pressure, performing heart monitor and blood sugar tests, doing injections).<sup>2</sup>

## By gender

Figure 5 presents the distribution, by gender, of caregiving activities carried out yearly.

### Percentage distribution of caregiving activities over the last 12 months, by gender, Quebec, 2018<sup>o</sup>



<sup>o</sup>Represents a significant difference in the proportions of women and men.

#### Figure 5

Source: Statistics Canada, 2018 General Social Survey, public use microdata file. Compiled by the Institut de la statistique du Québec; adapted by the Quebec Observatory on Caregiving.

As we can see in Figure 5, men are significantly more likely than women to carry out tasks related to home maintenance. Women, in turn, are significantly more likely to perform activities related to:

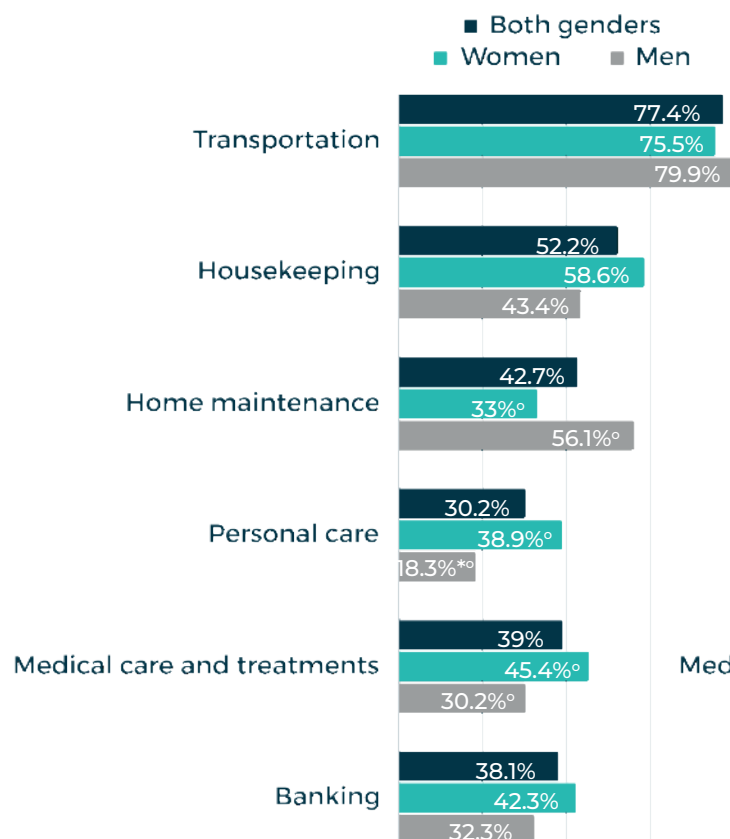
- ▶ Housekeeping
- ▶ Personal care
- ▶ Coordinating care
- ▶ Banking

Figure 6 presents the yearly distribution of caregiving activities among caregivers aged 45–64; Figure 7 does likewise among caregivers aged 65+. In both cases, the data are presented by gender. The data pertaining to younger caregivers (ages 15–44) are not presented because they are unreliable and have too high a coefficient of variation.

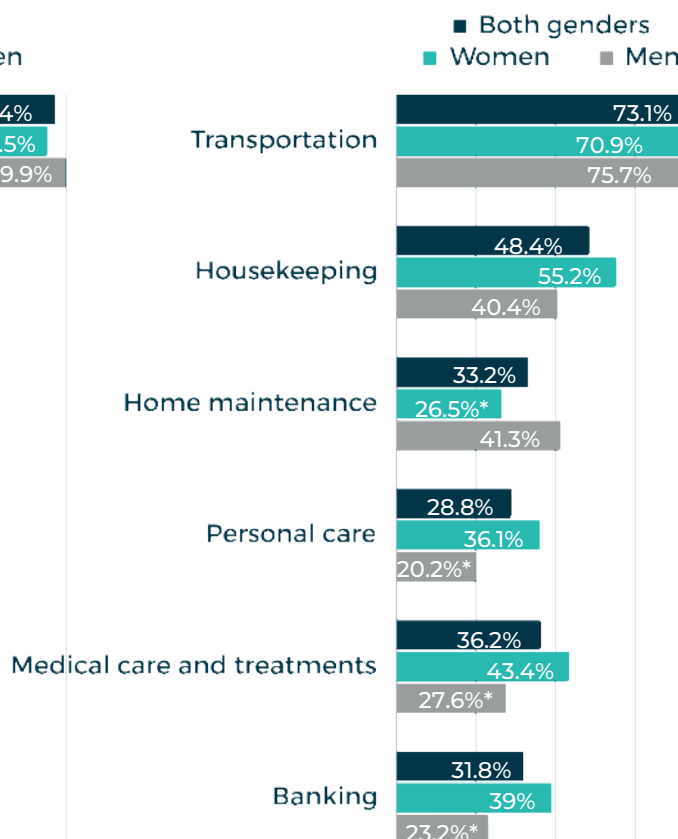
<sup>o</sup> Caregivers may have indicated involvement in more than one type of activity. As a result, the sum of all percentages will not necessarily total 100%.



### Percentage distribution of caregiving activities over the last 12 months among caregivers aged 45–64, by gender, Quebec, 2018<sup>p</sup>



### Percentage distribution of caregiving activities over the last 12 months among caregivers aged 65+, by gender, Quebec, 2018<sup>p</sup>



\*For data marked with an asterisk, the coefficient of variation is between 15% and 25%. Appropriate care must therefore be taken when interpreting results.

<sup>o</sup>Represents a significant difference in the proportions of women and men.

#### Figures 6 and 7

Source: Statistics Canada, 2018 General Social Survey, public use microdata file. Compiled by the Institut de la statistique du Québec; adapted by the Quebec Observatory on Caregiving.

On a yearly basis, the gender difference in terms of caregiving activity types is comparable between the two age groups,<sup>q</sup> despite the fact that the numbers of male and female caregivers in the 65+ group are almost on par, unlike those aged 45–64.

Figures 6 and 7 show a similar division of labour between men and women in both age groups; they also show that women tended to perform a greater variety of caregiving activities than men.

<sup>p</sup> Caregivers may have indicated involvement in more than one type of activity. As a result, the sum of all percentages will not necessarily total 100%.

<sup>q</sup> The data are insufficient to ascertain whether this tendency applies to the youngest group of caregivers (15–44).

## Types of help provided weekly

From week to week, men from both groups were significantly more likely than women to perform tasks related to home maintenance (23.2% vs. 12.6%). Women from both groups, in turn, were significantly more likely to see to personal care (13.3% vs. 5.4%\*) as well as such activities as:

- ▶ Housekeeping (20.8% vs. 14.5%\*)
- ▶ Coordinating care (14.5% vs. 8.4%\*)

\*For data marked with an asterisk, the coefficient of variation is between 15% and 25%. Appropriate care must therefore be taken when interpreting results.

These data indicate that caregiving tasks and responsibilities differ considerably between men and women. There is a notable gender gap in the tasks carried out weekly; and though this gap tends to be somewhat narrower than the gap in tasks performed annually (see Figure 5), the distribution remains similar.

Women caregivers were also more likely to take on tasks that must be performed daily and at certain set times. The fact that such tasks tend to encroach on other areas of family or professional life makes them more restrictive, thereby increasing the caregiving burden.<sup>21,22</sup> The same applies to tasks related to housekeeping, personal care and care coordination. In terms of activities performed weekly, men tended to most often perform tasks related to home maintenance, an activity that could be considered less restrictive since it is carried out on an ad hoc basis and not necessarily at fixed times.<sup>21,23</sup> These data reflect other findings on the general persistence of traditional domestic gender roles.<sup>24</sup>

## By age

Younger caregivers (ages 15–44) were less likely to provide transportation (61.8%) than the other two age groups. This finding is unsurprising in light of the more limited resources ascribed to a portion of this group. Researcher Aude Villatte, who studies young caregivers, points out that this group generally disposes of fewer social, material and financial resources than older caregivers; accordingly, the kinds of tasks they perform are often less visible — for example, housework, managing family conflicts, or caring for siblings in cases where the parent is the primary care recipient.<sup>6</sup>

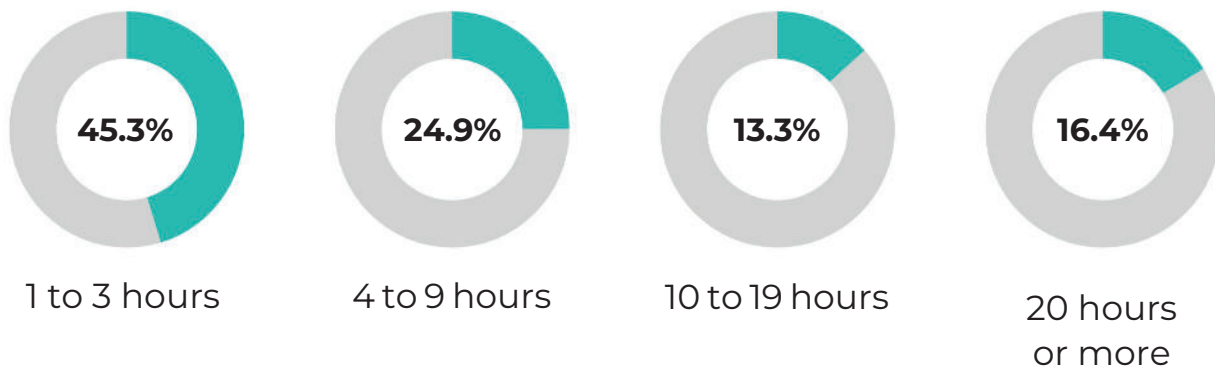
Over the last 12 months, caregivers aged 45–64 had provided more assistance than the other two groups in the areas of transportation (77.4%), coordinating care (39%) and banking (38.1%), indicating that a greater proportion of caregivers from this group provided help that was more varied in nature.

## HOW MANY HOURS OF CARE DO CAREGIVERS PROVIDE?

### Overview

The vast majority of caregivers had provided an average of 9 hours or less per week of care in the 12 months preceding the survey (70.2%). Of these, 45.3% provided 1 to 3 hours of care per week. Close to 2 out of 10 caregivers (16.4%) devoted 20 or more hours per week to caregiving. Women were more likely than men to spend 20 hours or more on caregiving activities (18.9% vs. 13.1%\*). Younger caregivers (ages 15–44) were the most apt to devote one to three hours to caregiving (53.8%). Of all the age groups, caregivers aged 65+ were the likeliest to devote 20 or more hours to caregiving (23%).

Caregiving can be ongoing or occasional, provided at a frequency that is apt to vary over time as well as from one caregiving situation to the next. As part of the survey, respondents had been asked to estimate the number of hours they spent per week on caregiving activities in the course of the previous year.

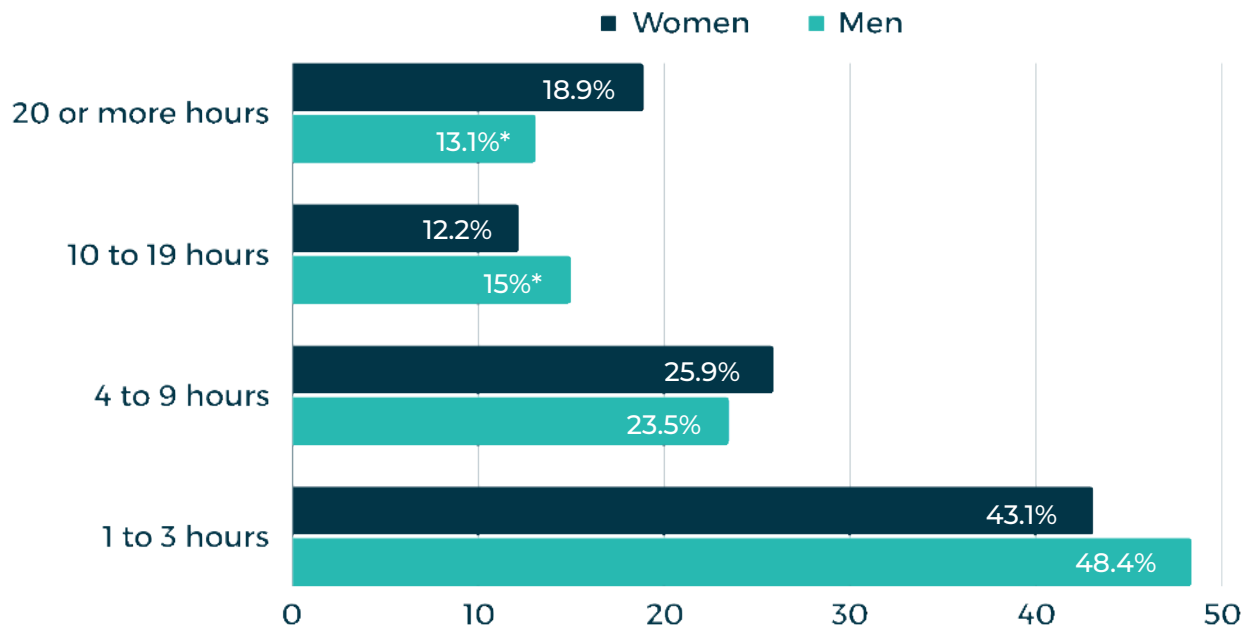


If we consider that the majority of caregivers are employed (57.1%), the data suggest that the responsibilities of caregiving necessarily reduce in the amount of time available for other activities<sup>25</sup>—for example, time spent with family, friends or partners, leisure activities, self-care, volunteer work or cultural or political involvement. Caregiving can also cause the caregiver to put off or abandon their schooling, cut back on their working hours or even leave their job altogether.<sup>3,26</sup>

## By gender

Figure 8 shows the gender distribution of the number of hours of care provided per week to one or more individuals.

### Weekly caregiving hours, by gender, Quebec, 2018



\*For this category, the coefficient of variation is between 15% and 25%. Appropriate care must therefore be taken when interpreting results.

#### Figure 8

Source: Statistics Canada, 2018 General Social Survey, public use microdata file. Compiled by the Institut de la statistique du Québec; adapted by the Quebec Observatory on Caregiving.

Men were somewhat more likely than women to provide one to three hours of care per week (48.4% of men vs 43.1% of women), while women were somewhat more likely to provide 20 hours or more of care per week (18.9% vs. 13.1%\*).

The gaps revealed by these findings are consistent with the most recent data on the median daily number of hours, by gender, spent on domestic tasks and unpaid care. In Quebec in 2015, women averaged one hour more per day on household chores than men.<sup>r.27</sup>

Despite decades of labour market access, women remain largely responsible for domestic tasks, even if men are increasingly involved. Some studies ascribe the persistence of the notion that housework and care duties are “women’s work” to lingering gender stereotypes.<sup>28</sup>

Thus, even if the data show that male caregivers are more likely to provide assistance to two individuals, women are still likelier to devote 20 hours or more to caregiving activities. They are also more apt to take on a greater variety

r On average, women spent 3.5 hours and men, 2.5 hours per day on household chores.

of tasks that are more restrictive.<sup>22</sup> Women who are caregivers therefore carry a greater caregiver burden while assuming the lion's share of tasks related to housework and parenting.<sup>24</sup> Considering that the majority of women are also actively employed, they often find themselves "sandwiched" between their varied responsibilities.<sup>23</sup> Still, caregiving is less recognized by the working world than parenting is,<sup>29</sup> making it potentially more difficult to balance work and caregiving responsibilities

(e.g., through workplace programs or other arrangements). Consequently, the so-called "sandwich generation" may face competing obligations in terms of work, family and caregiving, a situation associated with increased emotional, physical and financial stress.<sup>23</sup> In short, the accumulation of socially imposed roles and tasks constitutes a significant burden that can affect every area of the caregiver's life, making it challenging to achieve a balance.



### **CAUTION REGARDING THE INTERPRETATION OF DATA ON THE HELP PROVIDED BY MALE AND FEMALE CAREGIVERS**

Care must be taken when interpreting data on caregiving activities by gender. It is possible that men overestimate the number of hours devoted to domestic chores, whereas women underestimate it.<sup>21,30</sup> Research also suggests that women carry most of the mental load of household management, including domestic chores.<sup>24,31</sup> However, this load is largely invisible, not just to statistical surveys, but also to those who must deal with it. The same dynamic can play into the estimates regarding number of hours devoted to caregiving.<sup>2</sup> Since the GSS is a self-reported survey, the real gap between men and women could be larger than what the data has indicated.

## By age

Table 4 presents the proportions of caregivers by age group and median weekly hours of care. The table shows only the findings for caregivers who devote the least (1 to 3) and most (20 or more) number of hours, since the two other thresholds (4 to 9 hours and 10 to 19 hours) contain too many imprecise estimates to be presented.

### Caregivers by age group and median weekly hours of care, Quebec, 2018 (%)

Number of hours of care provided	15–44 (%)	45–64 (%)	65+ (%)
1 to 3	53.8	42.6	39.1
20 or more	UD	17.5	23

UD Unreliable data

**Table 4**

Source : Statistics Canada, 2018 General Social Survey, public use microdata file. Compiled by the Institut de la statistique du Québec; adapted by the Quebec Observatory on Caregiving.

Over half the caregivers aged 15–44 devoted one to three hours per week to caregiving (53.8%), making them the group who tended to spend the least number of hours. In the 45–64 group, nearly two out of 10 respondents (17.5%) spent 20 hours or more per week on caregiving. Overall, caregivers aged 65+ were the group that spent the greatest number of hours per week on caregiving, i.e., 20 hours or more (23%). One explanation can be found in the statistics indicating that this group is the most likely to care for a spouse or partner with age-related disabilities and thus greater support needs. Caregivers aged 65 and up are also more likely to be retired and therefore have more available time. Indeed, 93.6% of the caregivers in this group do not work.<sup>5</sup>

If caregivers aged 45–64 were less apt to spend 20 hours or more on caregiving than their older counterparts (17.5% vs. 23%), they were nonetheless the group that performed the greatest range of caregiving tasks. It is fairly foreseeable that caregivers aged 45–64 would have less time overall to devote to caregiving: not only are the majority (65.8%) employed, but they also have family responsibilities. Based on the data, we can surmise that they have more social, financial and material resources to provide a greater variety of caregiving activities, but less time to devote to these activities.

<sup>5</sup> Percentage calculated based on the median number of unemployed caregivers aged 65–74 and 75+. Source: Statistics Canada, 2018 General Social Survey, public use microdata file. Compiled by the Institut de la statistique du Québec; adapted by the Quebec Observatory on Caregiving.

# Conclusion

In 2018, more than two out of every 10 Quebecers were caregivers (21.1%). A differentiated analysis of the statistics by age and gender has highlighted that the most widespread caregiving situation involves a woman aged between 45 and 64 who provides care to a parent.

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The analysis also reveals the diversity of caregiver characteristics and the help they provide. We can also conclude that, barring those aged 65 and over, women are more likely to be caregivers, while men who are caregivers are more likely to support two or more individuals. Furthermore, in terms of the tasks entailed, “caregiving” amounts to something different for men and women. Proportionally, the greatest number of caregivers is in the 45–64 group, though caregivers aged 65 and up tend to provide the greatest number of hours of support.


Various limitations have also been highlighted. The phrasing of survey questions is crucial in terms of allowing respondents to self-identify as caregivers and qualify their situations. The fact that men tend to respond less to surveys of this kind limited our ability to draw certain conclusions. Moreover, the sheer breadth of one particular age group (15–44) made it impossible to grasp the diversified realities of young versus middle-aged caregivers, the latter being generally more established in their professional and social situations. Similarly, certain questions concerning employment status made it difficult to account for the complex interplay of caregiving responsibilities, job retention and number of hours worked. Further research and/or surveys are therefore needed if

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we are to fully characterize caregivers as well as the diversity and complexity of the support they provide.

The available statistics do not provide an overview of caregiver characteristics. If more data on incomes, education levels and employability are needed, so too are data on caregivers from Indigenous, ethnocultural and LGBTQ+ communities. More comprehensive information would broaden the understanding of these realities and help tailor services accordingly.

Additionally, the current information makes it impossible to summarize caregiver needs and the repercussions of caregiver responsibilities. The negative repercussions of unpaid care — its effects on social, family and professional life, on schooling, on mental physical and wellness and on finances — have been documented by various studies.<sup>15, 26, 32</sup> However, no recent Quebec study can quantify the impact of caregiving on caregivers or detail the extent of their needs. In terms of a differentiated analysis, an understanding of the repercussions that particularly affect men, women and certain age groups would help identify specific needs and curb the negative effects of caregiving.



Lastly, the available data does not allow us to characterize the support received by Quebec caregivers, and certainly not by age or gender. The only study on the support received by caregivers and their support needs has been on a nationwide scale.<sup>33</sup> According to this study, 31% of caregivers in Quebec reported having unmet support needs. In fact, Quebec was the province with the lowest percentage of caregivers (58%) who had reported receiving social or financial support in the previous 12 months. Additional data, by age and gender, on the support received by caregivers as well as the kinds of support they wished to receive would improve the understanding of these needs and consequently adapt the support currently available to differing realities.

Thus, several datasets must be produced or become available if we are to obtain a more complete picture of caregiver characteristics, the kinds of help they provide, the government support they receive, and how caregiving affects their lives and health. Our differentiated analysis nonetheless accounts for gender- and age-based differences in caregiving situations in terms of caregiver characteristics and the types of care provided. By making these realities better known, such analyses can go on to guide the development, revision and rollout of the support available to caregivers.



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