

Table S1. Study Characteristics and Key Results

Author (years)	country	Aims	Study Design	Sample Size (n)	Main Findings
Torimoto-Sasai, Y. et al (2015)	Japan	To improve the current understanding of physical health among Japanese family caregivers by utilizing objectively collected health indicators and implementing a comparative research design to disaggregate health outcomes across caregiving contexts.	Quantitative	298 (149 caregivers with 149 sex- and age-matched non-caregivers)	Division Patterns Men and women caregivers averaged 11.6 and 10.8 hours of care per day, with 5.1 and 6.7 years of average duration, respectively. The impact on caregivers 1. Female caregivers had more healthcare problems. 2. Caregiving stress was a significant factor in high blood pressure and a functional decline of the kidneys among females. Driving factors In Japan, societal gender norms assign women primary responsibility for family care, resulting in heavier burdens, restricted access to professional care support, and higher rates of unplanned caregiving, even when they have accessed formal social care services.
Svec, J. et al (2024)	The US	To examine if and how additional family caregivers and formal service use reduce caregiver work strain.	Quantitative	1989 caregivers	The impact on caregivers Female caregivers report higher levels of perceived caregiving difficulty and subjective overload symptoms. Received support Female caregivers rely more on informal support to alleviate stress, while male caregivers' responses to various types of support are not significant.
Sagbakken, M. et al (2018)	Norway	To explore perceptions and experiences of family and professional caregivers supporting immigrant dementia patients.	Qualitative	108 (51 healthy older immigrant focus group participants, 12 family caregivers, and 45 medical	The impact on caregivers 1. Female dementia caregivers are subject to excessive care-related pressure. 2. Many women caregivers stop in their position. Some female caregivers even have to resign from their jobs or hinder their career development due to the inability to attend career-related conferences/training. Driving factors

				and health service practitioners)	Families are viewed as the sole source of support for dementia care. Female immigrant caregivers often feel constrained by community gender expectations, facing conflicting pressures from host-country socioeconomic and gender norms, alongside traditional care obligations from their origin culture.
Nance, D. C. et al (2018)	Mexico	To explore the caregiving roles and experiences of Mexican male caregivers supporting older adults.	Qualitative	121 (81 older adults and 57 primary caregivers)	Driving factors 1. Mexico has limited nursing home coverage, so most older adults expect in-home family care. 2. Strong religious faith provided male caregivers with practical support and resilience. Norms of reciprocity and filial piety guide family care, and caring for older relatives forms part of these men's masculine identity.
Lapsley, H. et al (2020)	New Zealand	To examine gender and ethnic disparities in informal care patterns for older Māori and non-Māori adults in New Zealand.	Quantitative	261 caregivers	Division Patterns Females, especially female spouses and children, were carers. Driving factors 1. More often, women, particularly female spouses, are more likely because of their longevity, and usually at a younger age. 2. Traditional gender role norms increase the likelihood of women taking on care responsibilities for parents and parents-in-law.
Langner, L. A. et al (2020)	Germany	To reassess gender disparities in spousal care provision and housework adjustment following a partner's serious illness.	Quantitative	538 couples (spousal caregivers)	Types of Care Tasks Female caregivers undertake more housework and errand responsibilities than their male counterparts, and men are substantially less likely to be the sole primary caregiver. When spouses fall ill, men and women increase caregiving time equally. For housework/errands, men's weekly hours rise by 4.4 (a larger increase than women's), but women—already doing 11.8 more weekly hours pre-illness—still take on 7.4 more afterward. Received support Male caregivers had significantly higher rates of uptake of outside support (29.6% vs 17.7% among women).
Hernández-Padilla, J. M. et al (2021)	Spain	To examine perceived health, social support, and overload in Alzheimer's family caregivers, and analyze the mediating effect of social support between perceived health and	Quantitative	255 caregivers	The impact on caregivers 1. Female caregivers perceived their health to be poorer than that of male caregivers. 2. Anxiety and insomnia symptoms are significantly more severe in women than in men. Received support: Women have higher perceived social support than men, and perceived social support mediates the link between perceived health and caregiver overload only in women, with no such effect seen in men.

		overload, controlling for caregiver gender.			
Dorin, L. et al (2016)	Germany	To explore the gender-specific disparities in home-care arrangements.	Quantitative	1031 care recipients (survey) + 2289 care recipients (insurance claims)	Division Patterns Wives are most often the primary caregivers for their husbands; men are rarely caregivers in the study cohort. The impact on caregivers Women's spouses' health condition is poorer than that of men's spouses. Driving factors 1. Men's wives are frequently healthy enough to care for themselves. 2. Traditional roles lead to low male involvement in childcare, so men do not develop confidence as caring family members early on.
de Zwart, P. L. et al (2017)	Europe	To examine how spousal caregiving affects caregivers' health and their use of healthcare services.	Quantitative	10472 spousal caregivers	The impact on caregivers 1. Caregiving significantly increases medical care use among women. 2. Short-term caregiving increases depressive symptoms and reduces perceived health in both genders, with stronger effects in women. And the negative impact of caregiving on health is no longer statistically significant after 4–7 years. Driving factors Spouses account for approximately one-third of all informal care provision across European countries.
Cohen, S. A. et al (2021)	the US	To examine how caregiving intensity interacts with the intersecting identities of gender, ethnicity and employment to shape individuals' unique caregiving experiences.	Quantitative	964 caregivers	Types of Care Tasks Female caregivers assisted with significantly more IADLs than males. Employed and unemployed Black females, unemployed White females, employed Hispanic females, and unemployed Black males provided significantly greater levels of IADL caregiving than unemployed White males. Totally, the impact of gender on caregiving intensity does not exist in isolation but interacts with race and employment situation. Division Patterns Racial gaps in caregiving intensity persist within gender-employment strata: unemployed White males provided 77 fewer monthly care hours and 1.9 fewer IADL supports than unemployed Black males, and employed White females provided 42.6 and 49.2 fewer monthly care hours than employed Black females and employed females of other races, respectively. The impact on caregivers

					Female caregivers, regardless of race or ethnicity, are more likely to have difficulty balancing caregiving with their employment responsibilities than male caregivers. Driving factors Cultural and societal differences in expectations of who provides care, such as traditional gender. Women have fewer structural opportunities and less access to resources that support a reasonable work-life balance than men.
Yin, Xuejun et al (2021)	China	To explore the burden among family caregivers of PLWAD and the related factors.	Quantitative	300 caregivers	Division Patterns Females are usually the key family caregivers Driving factors Unequal distribution of societal resources pushes women into caregiving roles more frequently than men, hampering their opportunities in work, health, and social activities.
Kim, Min Hee et al (2017)	The US	To enhance understanding of the relationship between caregiving stressors and mental health in spousal caregivers, including potential differences between husbands and wives.	Quantitative	774 caregivers (373 husbands and 401 wives)	The impact on caregivers Wives showed significantly more depressive symptoms. As caregivers, husbands have a higher proportion of work and obtain more assistance from other caregivers Driving factors The higher risk of depression among wives is due to the greater physical demands of personal care, emotional conflicts arising from deviating from traditional gender roles, and women's tendency to adopt emotion-focused coping strategies. However, men may regard all caregiving tasks as "new responsibilities" or reduce emotional involvement by focusing on the tasks themselves, thereby alleviating psychological stress.
Cook, Sarah K. et al (2018)	The US	To evaluate the relationship between caregiving intensity and three quality-of-life dimensions among informal adult child caregivers and determine how caregiver sociodemographic factors modify this association.	Quantitative	1014 adult children caregiver	The impact on caregivers Under high monthly caregiving intensity, males show negative emotional burden, whereas females show positive emotional benefits from caregiving.

Cohen, Steven A. et al (2019)	the US	To examine the associations between caregiving intensity and race/ ethnicity and gender among offspring caregivers, and to determine if the associations between caregiving intensity and gender vary by race/ethnicity, using a large, nationally representative sample of informal caregivers.	Quantitative	993 Offspring caregivers	Types of Care Tasks Women have a higher likelihood of serving as informal caregivers than men for their parents and typically assume heavier caregiving responsibilities than their male peers. The proportion of women serving as high-burden caregivers for instrumental activities of daily living (IADL) is also significantly higher than that of men. Notably, the magnitude of the aforementioned gender gap in caregiving responsibilities varies across racial and ethnic groups. The impact on caregivers Women may have greater negative impacts on employment because of role stress. Driving factors Gender-based disparities are evident in caregiving intensity: women are disproportionately more likely to undertake physically and emotionally intimate care tasks, a pattern that exacerbates the difficulty of reconciling their professional obligations with unpaid care responsibilities.
Ahmad, Menal et al (2020)	Netherl ands	To address three research objectives: (a) identify why PwM caring for a family member with dementia takes on the family caregiver role; (b) examine factors impeding care sharing within families and with health/support services; (c) explore how gender norms are associated with unequal care task distribution.	Qualitative	12 women caregivers	Division Patterns Being unmarried, having prior caregiving experience, and residing in close geographic proximity to the care recipient are key factors associated with a higher likelihood that women will assume the primary caregiver role. The impact on caregivers Women caregivers face growing exhaustion and isolation. Resisting normative caregiving expectations is typically not feasible and attempts to do so often exacerbate isolation. Additional challenges include disappointment with non-caregiving family members and feelings of being misunderstood and isolated within the family. Driving factors 1. Participants have negative experiences with formal care support. 2. Gender norms prevent women from seeking attention for their own problems, as social pressure to fulfill caregiving responsibilities discourages them from pursuing support. 3. Though caregivers disagreed with the unequal division of care tasks, they accepted the gendered care distribution, justifying this acquiescence through moral framing norms.

Wong, D. F. K. et al (2019)	Hong Kong (China)	To examine the gender differences in the caregiving experiences and the stress-buffering role of positive aspects of caregiving in spousal caregivers of vulnerable elders.	Quantitative	170 caregivers	The impact on caregivers The Positive Aspects of Caregiving (PAC) scale demonstrates a significantly stronger buffering effect against the negative mental health impacts of caregiving burden among wife caregivers compared to husband caregivers. Women Caregivers show higher depression, anxiety, stress, and caregiving burden, and lower PAC than men caregivers.
Vazquez, C. E. et al (2025)	The US	To further quantitatively examine the effect gender has on the probability of staying in the caregiver role longitudinally.	Quantitative	667 caregivers	Division Patterns Women caregivers have higher long-term retention in caregiving roles compared to men. Driving factors Cohort dynamics shape caregiving patterns through three pathways: 1) rising female educational attainment across cohorts may shift gendered care norms. 2) The late 20th-century Chicano Movement may influence women's family care roles. 3) Generation X faces dual pressures from sandwich generation care responsibilities and peak career demands, driving care trade-offs.
Uccheddu, D. et al (2019)	17 European countries	To examine the effect of spousal care transitions on the health of older adults, stratified by gender.	Quantitative	43,435 individuals (117,831 observations)	The impact on caregivers Exiting spousal care roles correlates with better health, but only for female caregivers in Southern and Eastern Europe. Driving factors In the "familistic" welfare regimes of Southern and Eastern Europe, women undertake high-intensity and high-stress caregiving, leading to significant health improvements after transitioning out of caregiving roles. In contrast, Northern Europe's "service-based" welfare regimes alleviate care burdens through formal care services, resulting in lower caregiving stress and minimal health benefits upon exiting caregiving.
Swinkels, J. C. et al (2019)	Netherlands	To examine the extent of and reasons for temporal changes in partner caregiver burden.	Quantitative	722 couples (279 male and 443 female)	The impact on caregivers Key gender differences in caregiver burden drivers include stronger effects of care recipients' physical impairment on male caregiver burden; greater long-term burden increases among women spousal caregivers; weaker impacts of relationship problems on male caregiver burden; and burden-reducing effects of care fulfillment only for male caregivers.
Sutherland, N. et al (2016)	Canada	To examine the sociopolitical conditions shaping gendered processes	Qualitative	16 (6 clients, 6 family caregivers, and 4 nurses)	Types of Care Tasks Male caregivers were perceived as "not good at physical care" and only participated in "masculine tasks" such as procurement and finance. Female caregivers undertook actual care work

		that produce gender inequities in hospice palliative home care.			Division Patterns Male caregivers are more dominant in medical decision-making, whereas female caregivers are passive and obedient. Driving factors 1. The influence of Neo liberal ideology: the policy discourse that emphasizes "individual responsibility" and "equal opportunity" attributes the pressure of care to individual ability rather than social structure and covers gender inequality. 2. Nurses and patients generally believe that women are "naturally good at taking care", which naturalizes women's nursing responsibility
Spatuzzi, R. et al (2022)	Italy	To evaluate caregiver burden among older family members providing end-of-life care for cancer patients, and to examine differences by gender (male vs. female).	Quantitative	102 caregivers	Division Patterns Women constitute the majority of caregivers for family members with end-stage cancer. Nevertheless, an increasing number of men are assuming caregiving responsibilities. The impact on caregivers Even in older age groups, caregiving exerted a more pronounced adverse effect on the physical health of women than on men. Female caregivers showed a higher burden
Ruisoto, P. et al (2020)	Ecuador	To explore the predictive effects of caregiver-related and elderly patient-related variables on caregiver burden.	Quantitative	668 caregivers	The impact on caregivers Compared with male caregivers, female caregivers exhibited significantly greater caregiver burden and scored higher on neuroticism. The functional independence of older care recipients emerged as a significant predictor of caregiver burden only among male caregivers, whereas caregiver competence significantly predicted burden only among female caregivers.
Polenick, C. A. et al (2020)	The US	To investigate cross-sectional relationships between three distinct types of caregivers' MCCs (concordant only, discordant only, and both concordant and discordant) and their subjective caregiving experiences.	Quantitative	359 spousal caregivers	Division Patterns Wives offered greater assistance with activities of daily living, instrumental activities of daily living, and medical care tasks. The impact on caregivers The sole management of discordant MCCs was associated with a greater tendency toward physical challenges in caregiving among wives, but not among husbands. Driving factors

					This may be partly explained by wives' greater tendency to prioritize family care over their own self-care. When wives experience chronic conditions requiring conflicting management approaches and intensive self-care, they may be especially prone to compromising their own health, thereby exacerbating the physical challenges associated with caregiving.
Meurs, M. et al (2021)	Bulgaria	To analyze the impact of unpaid elderly care on the employment of men and women in Bulgaria.	Quantitative	3138 (working age adults aged 40-60)	Types of Care Tasks Women assume primary responsibility for hands-on care, whereas men contribute to caregiving primarily through financial support. The impact on caregivers. Women living with elderly/disabled parents have a 16% lower employment rate, with rural women being more significantly affected; living with parents has no significant negative impact on men's employment. Driving factors Rural areas lack care resources. Bulgaria has low coverage of public care services, and market-oriented care is almost non-existent in rural areas, exacerbating the burden of family care. The historical context of women's high labor force participation rate.
Martín Moreno, V. et al (2024)	Spain	To explore the evolutionary trajectory, associated factors of non-institutionalized ADL dependency, and the impact of supporting family structure.	Quantitative	127 care recipients	Division Patterns The number of daughters in the primary family caregiver role exceeded that of sons, and daughters were more likely to assume this essential caregiving responsibility; most were the eldest daughters.
Lalani, N. et al (2025)	The US	It seeks to evaluate the lived experiences of economic strain and the challenges faced by rural female family caregivers of the elderly with chronic conditions.	Qualitative	20 rural woman caregivers	The impact on caregivers 1. A deficit in personal and social engagement, suboptimal diet, sleep inadequacy, and limited time for self-care were observed among female caregivers, contributing to compromised family operational efficiency and diminished quality of life. 2. Among female caregivers, irregular eating patterns were prevalent, with insufficient time allocated to preparing regular meals and frequent experiences of sleep insufficiency. 3. Balancing competing responsibilities and caregiving duties exposed female caregivers to heightened stress, which in turn induced moral distress.

					4. Indirect financial burdens for female caregivers included employment loss and diminished work efficiency; direct costs involved financial deficits, inadequate funds for medical care, out-of-pocket expenditures, hospital fees, debt accumulation, and the erosion of personal and family savings, as well as applicable benefits. 5. Female caregivers lost employment and work productivity. Driving Factors 1. Economic determinants, including the overrepresentation of women in low-wage or flexible employment, constrain women's choices, compelling them to prioritize caregiving over career advancement and personal goals. Rural residency emerges as a key driver of poor financial and emotional health among female family caregivers, attributable to inadequate support frameworks and limited resource access. 2. Caregiving roles are often adopted due to cultural expectations, familial obligations, and scarce alternative care arrangements. This phenomenon originates from deeply rooted societal and cultural norms that cast women as primary family nurturers, framing caregiving as an inherent component of their gendered duties
Knodel, J. et al (2018)	Thailand	To explain long-term care (LTC) needs among the elderly in Thailand	Quantitative	38,695 people aged 60 years and above	Division Patterns Daughters and wives are much more likely to be primary caregivers than sons or husbands. Driving factors Husbands are generally older than their wives, meaning they enter advanced age earlier, facing elevated mortality risks.
Jang, S. I. et al (2016)	Korea	To analyze the association between physician-diagnosed depression and cohabitation with a patient with dementia using national representative data. To examine this association stratified by sex and economic status.	Quantitative	457,864 individuals	The impact on caregivers Female caregivers cohabiting with family members with dementia face an elevated risk of depression, a trend not evident among male caregivers. For financial status, among male caregivers residing with dementia patients, those with low family income exhibited the highest depression risk, while female caregivers with high family income had the greatest likelihood of experiencing depression. Driving factors

					Traditional gender roles in Korea dictate that males primarily offer financial support, while females assume basic responsibility for home-based caregiving.
Jacobson, D. et al (2025)	Canada	To answer: (1) the influence of gender on informal caregiving for community-dwelling older adults, and (2) how cultural factors shape gendered expectations in caregiving.	Qualitative	42 individuals (14 older adults, 10 caregivers, and 18 healthcare providers)	Types of Care Tasks South Asian cultures: Daughters (especially the youngest) are primary caregivers, with minimal son involvement. Middle Eastern cultures: Gender segregation norms enhance trust in female caregivers, and male involvement in personal care (e.g., bathing) may be considered taboo. Division Patterns Hands-on caregiving responsibilities are typically undertaken by daughters, daughters-in-law, or other female relatives. The impact on caregivers Female caregivers prioritize caring for others over their own well-being. Driving factors Gender conventions, intergenerational norms, and societal dictates position women as primary caregivers. Intergenerational gender norms also shape older adults' perceptions of who should assume caregiving duties.
Iwata, N. et al (2016)	Japan	To examine the level of psychological distress of Japanese caregivers according to various combinations of the gender of care recipients and the kinship of caregivers. To explore the associated factors that could exacerbate or alleviate psychological distress.	Quantitative	945 caregivers	Division Patterns Daughters-in-law often take on the role of primary caregivers due to the absence of alternative care options The impact on caregivers Daughters-in-law caring for fathers-in-law reported significantly higher psychological distress. Among husbands providing care to their wives, those who perceived a sense of "fulfillment from caregiving roles" experienced greater psychological distress. Driving factors 1. Female care recipients may demonstrate higher cooperativeness with daughter-in-law caregivers than male care recipients. 2. Both daughters and daughters-in-law must balance caregiving responsibilities with multiple domestic and often work-related demands. A weakening of perceived filial piety norms regarding caregiving among the current generation of elders' children may trigger emotional conflicts between elderly care recipients and caregivers, a phenomenon that is more pronounced when the care recipient is male.

Grigoryeva, A. (2017)	The US	To investigate the patterns of gender-based division of care for elderly parents among adult children and examine how these patterns have evolved over time.	Quantitative	3927 adult child caregivers	Types of Care Tasks Daughters' caregiving is more elastic than sons', both in personal circumstances and in parental needs. Division Patterns On average, daughters spend twice as much time caring for aging parents as sons do. The impact on caregivers Women experience more severe consequences from providing eldercare. Driving factors 1. Population aging in the United States imposes additional stress on women. 2. Gendered norms surrounding care receipt shape caregiving dynamics.
Duggleby, W. et al (2016)	Canada	To recognize key factors that exert a key impact on changes in the health-related quality of life among caregivers of the elderly with multiple chronic conditions (MCC)	Quantitative	185 family caregivers	The impact on caregivers Masculine gender identity, encompassing personality characteristics such as assertiveness, independence, and self-reliance, was positively correlated with improvements in participants' mental health status.
de Graaff, M. L. A. et al (2025)	Netherlands	To explore the function of gender-associated traits in the relationship between caregiver gender and caregiving burden, alongside potential differences in care burden across same-sex versus mixed-sex caregiver-care recipient pairs.	Quantitative	3067 family caregivers	Division Patterns A higher proportion of men than women serve as primary caregivers for older adults with dementia, with male caregivers also reporting longer weekly care hours. The impact on caregivers 1. Female caregivers reported a higher level of perceived care burden compared to male caregivers 2. Women caregivers worked fewer weekly paid hours than their male counterparts. A larger share of female caregivers held part-time positions, while a smaller proportion were employed full-time. Driving factors 1. In the Netherlands, men have a shorter life expectancy than women, which increases the likelihood of men providing care for a female partner. 2. Rising costs of professional healthcare services and shortages of care personnel have led to a growing reliance on family

					care among individuals with dementia. 3. Male caregivers tend to have more distinct caregiving roles: either serving as the primary caregiver for a partner or balancing limited caregiving time with full-time employment. Female caregivers are more likely to face conflicts between multiple social roles (such as work, family management, social activities, etc.) and caregiving tasks.
Chari, A. V. et al (2015)	The US	To show the opportunity costs of informal elder care in America	Quantitative	25,701 individuals (core analytical sample: 1,383 informal elder caregivers)	Division Patterns Women provide more total hours. Among the under-65 group, women provide an average of 66.47 hours per person per year, compared to 37.19 hours for men, and women's total hours are 1.8 times that of men. Among the over-65 group, women provide an average of 98.05 hours per person per year, compared to 77.11 hours for men; women's total hours are 1.65 times that of men. The impact on caregivers 1. Female caregivers' opportunity costs (especially among the under-65 group) are higher, meaning that women forgo a greater total economic value due to providing more caregiving hours 2. Male caregivers exhibit a higher tendency to exit the labor market and have higher wage levels. Although female caregivers have an employment rate close to that of non-caregivers, their opportunity costs are higher.
Bramboeck, V. et al (2020)	Not reported	To explore the experience of loneliness and caregiving burden among family members who provide care for relatives diagnosed with Alzheimer's disease.	Quantitative	40 caregivers	The impact on caregivers Males showed higher levels of loneliness, whereas females perceived greater subjective burden.
Borsje, P. et al (2016)	Netherlands	To examine the trajectory and determining factors of psychological distress among informal caregivers of dementia patients in primary care settings.	Quantitative	117 caregivers	The impact on caregivers Female informal caregivers exhibit more psychological distress in comparison to their male counterparts. Driving factors In the Netherlands, the total number of individuals living with dementia reaches 260,000, with 70% of this population residing in community settings, highlighting the critical role of family care in the Dutch dementia care system.
Bjørge, H. et al (2024)	Norway	To investigate gender differences in quality of life (QoL) for caregivers, and	Quantitative	208 caregivers	The impact on caregivers 1. Female caregivers have a lower quality of life (QoL) and are influenced by both depression and social distress; male caregivers have a higher baseline QoL but are more susceptible to the care recipient's emotional over-involvement, with their

		the association between emotional relationship and QoL.			QoL declining over time to a level similar to that of females. 2. Female caregivers exhibit more pronounced depressive symptoms, and both their emotional distress and negative feelings are significantly higher than those of males.
Aung, T. N. N. et al (2021)	Thailand	To assess caregiving burden from the perspectives of caregivers and care recipients	Quantitative	1,734 individuals (867 pairs of older adults and their key family caregivers)	Division of Labor Patterns: Aging care is primarily provided by women. The impact on caregivers 1. The caregiving burden experienced by female caregivers was 2.5 times higher than that of male caregivers. 2. Approximately one-quarter of all caregivers, regardless of gender, reported disruptions to their careers due to the time demands associated with caregiving responsibilities. Driving factors 1. Thailand has a rapid rate of population. Influenced by Buddhism and local culture, caring for old parents is the primary form of reciprocity for adults.
Ailshire, J. A. et al (2025)	The US	To evaluate the impact of giving varying intensities of spousal caregiving on caregivers' mental health outcomes.	Quantitative	7725 (1707 caregivers, 6018 non-caregivers)	The impact on caregivers Transitioning into a caregiving role is linked to deteriorated mental health outcomes for women, whereas the empirical evidence supporting such an association is less robust for men. Driving factors 1. The spouse's health needs (age, chronic disease diagnosis) are the core factors in choosing care: the older the spouse is and suffers from chronic diseases, the more likely the individual is to become a caregiver. High family wealth reduces the probability of caregiving. 2. Existing long-term care policy frameworks in America are characterized by insufficient comprehensive federal support mechanisms for family caregivers.
Aguila, E. et al (2019)	Mexico	To test two impacts of supplemental income programs: 1) their effect on care provision levels for older adults, 2) their influence on care hours, age/gender composition, and the number of	Quantitative	433 elderly people	Division Patterns Most primary caregivers are women. Driving factors 1. Compared to men, women have longer life expectancies and lower remarriage rates following widowhood, resulting in significantly poorer access to spousal or partner care. 2. The absence of formal public long-term care support.

		primary caregivers for disabled older adults.			3. Gender differences exist in children's reciprocation patterns of parental care, rooted in childhood social expectation gaps that become more pronounced as parents age.
Swinkels, J. et al (2019)	Netherlands	To test two logics using mediation and moderation models to clarify the sources of the gender gap in partner caregiver burden.	Quantitative	1611 caregivers	Division Patterns Female caregivers provided more care time per week. The impacts on caregivers Female caregivers significantly outperform male caregivers in terms of burden level, partner care needs, and exposure to secondary stressors. Received support Caregiving intensity is associated with a greater burden for male caregivers. Female caregivers get less assistance from others than their counterparts.
Luo, M. S. et al (2019)	China	To analyze age, period, and cohort effects of women's informal eldercare using the APC model and examine the impacts of education and rural-urban factors on their caregiving behavior.	Quantitative	14,433 married women	Division Patterns The probability of women providing informal eldercare is positively correlated with age. Driving factors 1. Formal eldercare is insufficient. 2. Influenced by Confucian familial philosophy, which emphasizes women's responsibilities in filial care, devotion to parents, and moral guidance of offspring.
Kruijswijk, W. et al (2015)	Netherlands	To enrich the research discussion on gender differences in adult children's elder care by examining the characteristics of care contributions by men and women and their impact on care arrangements.	Qualitative	3 families (29 family members)	Types of Care Tasks A significant gender division of labor exists in the provision of adult children's care: women undertake core management and high-intensity daily care (e.g., coordinating tasks, liaising with professional services) and intensive tasks (ADL, daily IADL), while men provide instrumental, auxiliary, marginal support (gardening, repairs, financial management). Division Patterns Female care participation is long-term and stable, weakly affected by external factors such as work; male care participation is intermittent, characterized by on-demand gap-filling, with no routine care responsibilities. The impact on caregivers 1. The double-edged sword of elasticity: While men's flexible support enhances network stability, it also solidifies the gendered division of labor model where "women lead routine care and men only supplement."

					2. Women often reduce working hours for caregiving, while men rarely adjust their work for caregiving. Men alleviate the pressure on female caregivers by using annual leave to fill caregiving peaks and prevent network collapse by adjusting their time investment Driving factors 1. Position in the labor market. Men are mostly in full-time employment and thus assume fewer care responsibilities, while women are mostly part-time employed or unemployed, becoming the default providers of family care. 2. Gender norms and socialization: The family consensus that "women are natural caregivers" and men's sense of shame about intimate care jointly led to gender differences in care participation between men and women.
Duo, D. (2024)	China	To explore how social changes have an impact on gender relations and elderly family care in Tibetan regions.	Mixed method	105 (73 elderly people, 32 caregivers)	Types of Care Tasks Elderly family care responsibilities fall primarily on women, with daughters-in-law as the primary caregivers. Men are mainly responsible for external affairs, such as economic supply and accompanying medical appointments, and rarely participate in daily care. The impact on caregivers Local women are suffering from conflicts between their productive and reproductive roles Driving factors 1. The proportion of the Tibetan population aged above 60 years is rising rapidly. 2. The rapid transformation of Tibetan society in China has exerted an impact on traditional gender norms and family care models, with women's educational attainment and economic participation enhancing their family status. 3. However, traditional gendered norms and practices remain prevalent in Tibetan society despite broader socioeconomic and cultural changes
Chen, X. X. et al (2018)	China	To describe patterns of both care needs and care provision. To identify factors correlated with unmet care needs among vulnerable older populations.	Quantitative	7,342 individuals aged 60 and older	Division Patterns A wife is the primary caregiver for men. Driving factors 1. Women have longer lifespans and are more prone to widowhood. 2. The government's support for the elderly is insufficient. 3. China's long-standing Confucian cultural heritage emphasizes that family units bear primary responsibility for elder care.