

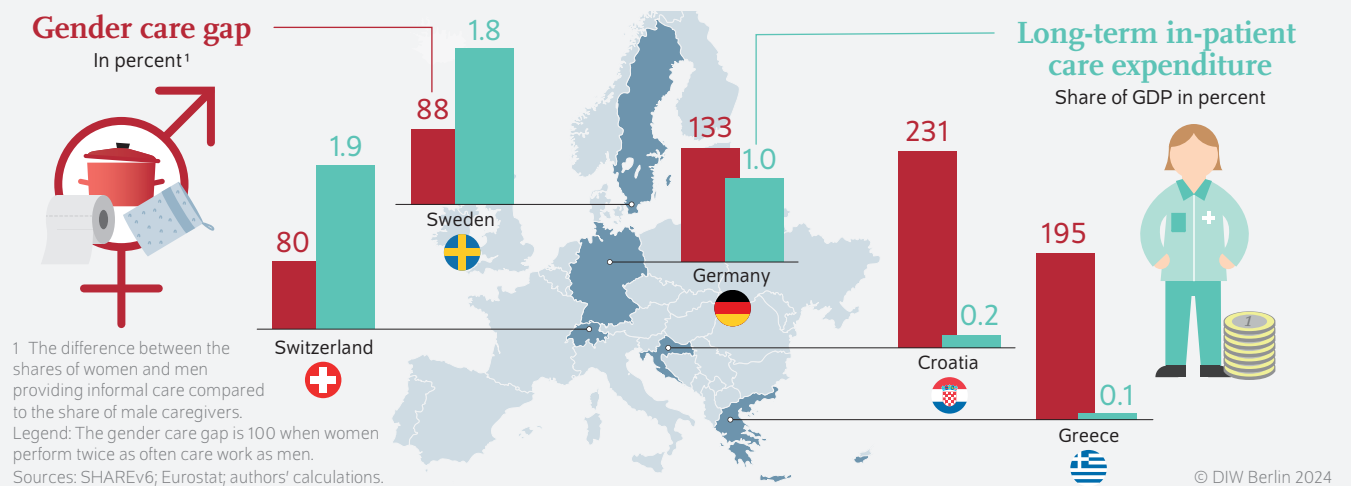
AT A GLANCE

Expanding long-term care insurance could reduce the gender care gap in Germany

By Johannes Geyer, Peter Haan, and Mia Teschner

- Study analyzes the correlation between gender care gaps and individual European care systems as well as gender inequality and labor markets
- Gender care gap varies within Europe and is associated with the percentage expenditure on formal long-term care
- Gender inequalities and differences in employment are associated with a higher gender care gap
- To improve care quality and to relieve caregiving relatives, Germany should invest more in long-term care quality
- Tax and family policy incentives can help reduce inequality between men and women on the labor market

A well-financed care system relieves caregiving relatives, especially women, and significantly reduces the gender care gap



FROM THE AUTHORS

“Women often work less hours and earn less, which is why it is more often women than men who reduce their hours or quit their job to care for relatives. Social norms also play a role here.”

— Mia Teschner —

MEDIA



Audio Interview with Mia Teschner (in German)
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Expanding long-term care insurance could reduce the gender care gap in Germany

By Johannes Geyer, Peter Haan, and Mia Teschner

ABSTRACT

In many European countries, men and women differ significantly in the amount of informal care work they provide for relatives, with women acting as caregivers far more frequently than men. This difference, known as the gender care gap, varies considerably between European countries, with Germany somewhere in the middle of the distribution. This Weekly Report analyzes the institutional, societal, and labor market factors that are related to the gender care gap across European countries. The results show that the gap is smaller in countries that spend more on the formal care system. In addition, they show that the gender care gap tends to be larger in countries that exhibit high gender inequality and high inequality in labor market participation between men and women. Thus, the results emphasize that the gender pay gap correlates with government investments in health care, the care system, and the labor market structure. To reduce the gender care gap, expenditure on formal care should be increased to relieve informal caregivers and improve the quality of care in professional facilities. At the same time, policymakers should use tax and family policy incentives to increase women's workforce participation so that paid work and care work are more evenly distributed.

One of the key future social and health policy challenges is the increasing amount of people requiring care as society ages. Currently, around five million people receive benefits from long-term care insurance in Germany and according to current estimates, this figure will increase over the coming decades.¹ The majority of people requiring care receive care at home (83 percent). Nearly 14 percent of this majority belong to *Pflegegrad I* (long-term care level I, “minor restriction of independence”) and only receive minimal additional benefits from long-term care insurance. Around 60 percent of people receiving care at home only receive a care allowance (*Pflegegeld*), meaning they organize informal care without professional assistance.² The other 25 percent of people requiring care in their own home organize their care with the help of outpatient nursing and care services, which usually also includes informal care provided by relatives.

Informal care, especially without professional help, is time consuming and frequently results in the caretaking relatives reducing or giving up paid employment or ending their search for paid employment. Like childcare, it is mainly women who provide informal care, interrupting their careers to do so.³ The difference between the amount of informal care work performed by men and women is known as the gender care gap in long-term care.⁴ In this Weekly Report, the shortened term *gender care gap* is used.⁵

¹ In a current estimate, the Federal Statistical Office reports that the number of people receiving benefits will increase to 6.8 million by 2055 if prevalence rates remain the same. If the prevalence rates continue to trend upward, the number will be much higher. Statistisches Bundesamt, *Statistischer Bericht – Pflegevorausberechnung – Deutschland und Bundesländer (2023)* (in German; available online. Accessed on December 13, 2023. This applies to all other online sources in this report unless stated otherwise).

² Statistisches Bundesamt, *Pflegestatistik – Pflege im Rahmen der Pflegeversicherung (2021)* (in German; available online)

³ Johannes Geyer, Axel H. Börsch-Supan, Peter Haan, and Elsa Perdrix, “Long-term Care in Germany,” *NBER Working Paper*, no. 31870 (2023) (available online)

⁴ This term does not include other unpaid care work, such as childcare or housework and thus differs from other definitions of the gender care gap. For more, see the DIW Berlin Glossary (in German; available online).

⁵ The large share of women performing care work is reflected in the formal care sector as well. According to OECD evaluations, the average share of women working in professional long-term care in OECD countries is around 90 percent. This frequently includes jobs with poor working conditions and comparatively low wages (OECD, “Women are well-represented in health and long-term care professions, but often in jobs with poor working conditions,” (2019) (available online)).

The gender care gap is a significant factor contributing to employment and income inequality between men and women.⁶ This does not only apply to current income possibilities, but also to the amount of future pension entitlements, as they directly depend on how much remuneration subject to pension insurance a person has earned.⁷ The differences in pension entitlements between women and men are often linked to gender differences in employment histories.⁸

The above-average number of women caring for relatives is often explained by labor market differences between the genders: Women frequently earn less and work fewer hours than their partner, so reducing their hours or quitting their job to perform caretaking duties reduces the household income less than if their partner were to work fewer hours or quit. Social norms that regard care work as women’s work also contribute to the gap. Moreover, the underlying care system may be reinforcing the differences in informal care provided by women and men. For example, a strong welfare state that spends a significant amount on formal care offers, such as outpatient care services, adult daycare, or in-patient nursing homes, can mitigate gender differences in informal care, as generally less informal care is needed.

This Weekly Report investigates how the gender care gap in Germany differs from the gap in other European countries.⁹ It also shows how the gender care gap correlates with government spending on care as well as with the societal and labor market inequality between men and women. The analysis uses data from the Survey of Health, Ageing and Retirement in Europe (SHARE), which includes people aged 50 or older in 17 European countries. In addition to key socio-demographic indicators, the data contains detailed information on informal care provided (Box on data and sample).¹⁰

Women perform more care work than men in all countries analyzed

This Weekly Report only considers informal care work performed for someone *outside* of one’s own household—such as help with getting dressed, bathing or showering, eating meals, getting in or out of bed, or using the toilet—when calculating the gender care gap. Caretaking duties performed for one’s partner in one’s *own* household are not considered here. The absolute difference between the shares of men and women acting as informal caregivers is adjusted for age

⁶ Clara Schäper, Annekatrin Schrenker, and Katharina Wrohlich, "Gender Care Gap and Gender Pay Gap Increase Substantially until Middle Age," *DIW Weekly Report*, no. 9 (2023): 83–88 (available online; accessed on January 30, 2024).

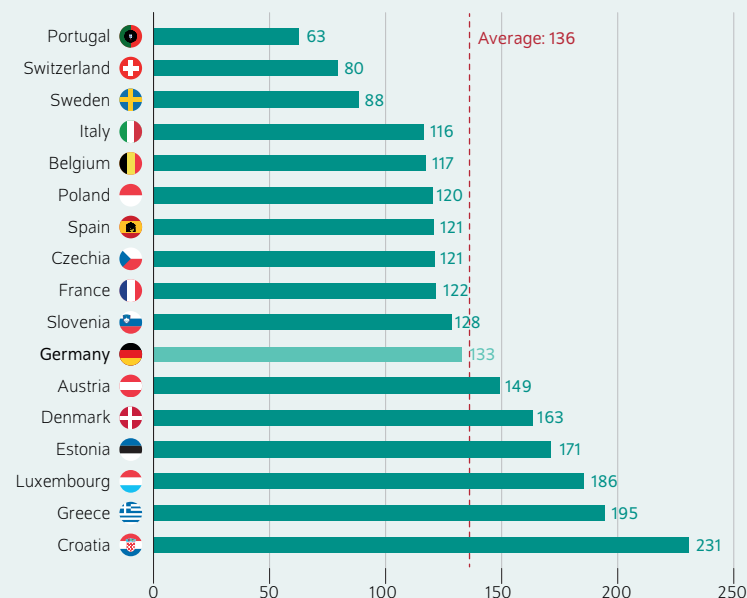
⁷ Informal care provided by caregivers who have not yet fully retired is now credited with pension entitlements and these periods also count as compulsory insurance periods. At the end of 2021, this applied to nearly one million insured persons, 86 percent of them women.

⁸ Anna Hammerschmid and Carla Rowold, "Gender Pension Gaps in Europa hängen eindeutiger mit Arbeitsmärkten als mit Rentensystemen zusammen," *DIW Wochenbericht*, no. 25 (2019): 439–447 (in German; available online; accessed on January 30, 2024).

⁹ This Weekly Report is part of the PENSINEQ research project, which is funded by the Joint Project Initiative: More Years Better Lives (JPI-MYBL).

¹⁰ Axel Börsch-Supan, "Survey of Health, Ageing and Retirement in Europe (SHARE) Wave 6. Release version: 8.0.0," SHARE-ERIC (2022) (available online; accessed December 7, 2023).

Figure 1
Adjusted gender care gap in different European countries
In percent¹



¹ The gender care gap is the difference between the shares of women and men performing care work compared to the share of men performing care work.

Source: SHAREv6; authors' calculations.

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Women are more likely than men to perform care work in all countries. In Germany, women are a little over twice as likely as men to perform care work.

and level of education to make the statistics more comparable (Box).¹¹ These adjusted absolute differences are divided by the country-specific share of men acting as caregivers in order to calculate the respective relative gender care gaps.

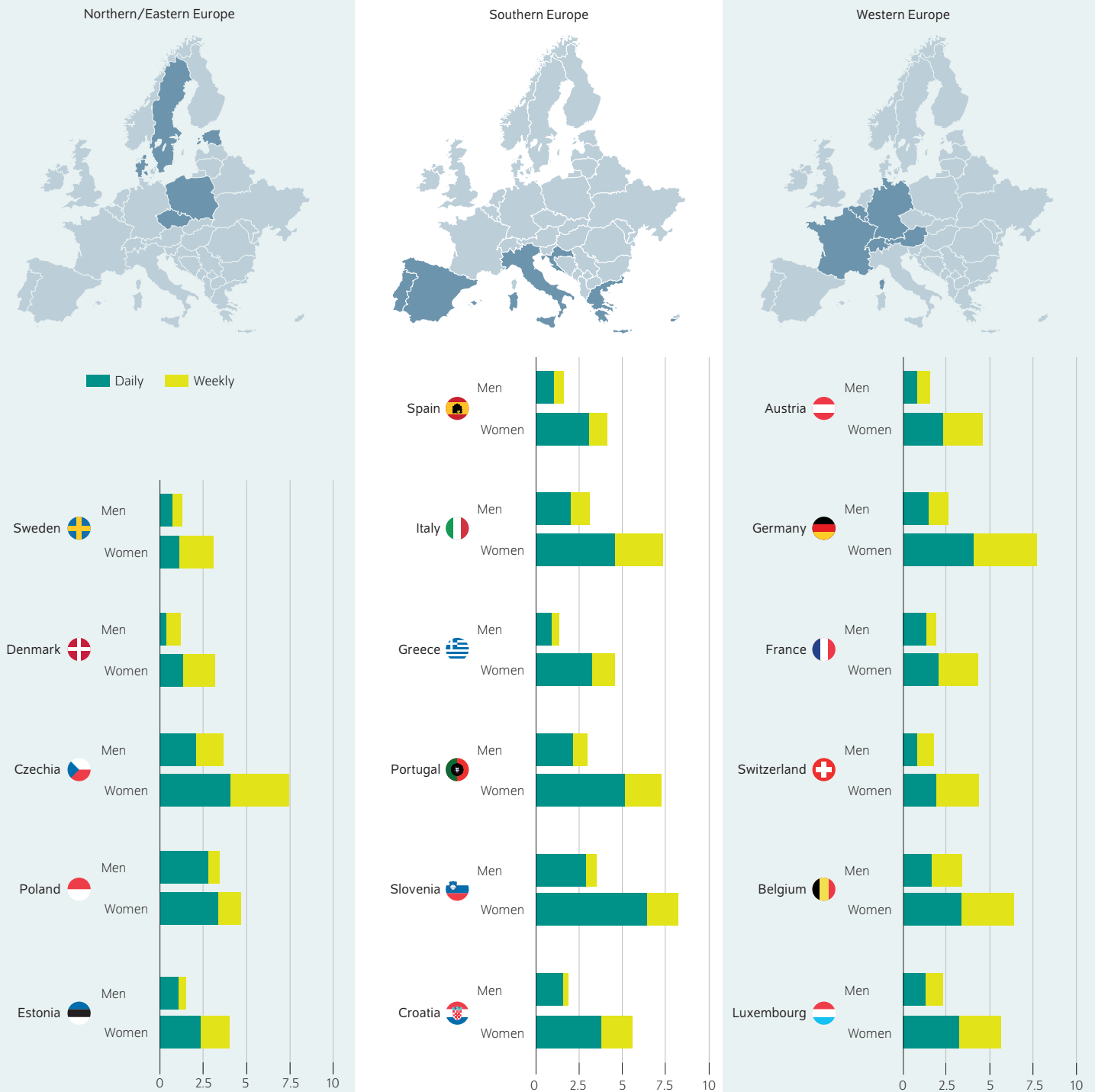
Although the gender care gap differs between countries, a clear trend emerges: In all countries, women perform more informal care work than men (Figure 1). The gap is smallest in Portugal, Switzerland, and Sweden, where it is around 60 to 90 percent. This means that women are 60 to 90 percent more likely than men to provide care, i.e., slightly less than twice as often. The adjusted relative gender care gap is 200 percent or higher in the countries with the highest gaps, Luxembourg, Greece, and Croatia. Here, the share of women caregivers is three times as high as the share of men caregivers. The gender care gap is 133 percent in Germany, meaning women are twice as likely to care for relatives as men. Thus, Germany is in the middle of the distribution of the countries observed here.

Most countries also have distinct gender differences in regard to the regularity and frequency with which men and

¹¹ This refers to the age and level of education of the caregiver. The results of this Weekly Report are similar to analyses in which the difference between women and men is not adjusted for age and level of education.

Figure 2

Frequency of informal care work by country and gender
In percent



Source: Sharev6.

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Women are considerably more likely to perform care work on a daily and weekly basis, although there are differences between the individual countries.

women perform care work (Figure 2). In many countries, women are significantly more likely to provide daily care than men. In Portugal, Greece, and Denmark, women are around three times as likely as men to provide care on a daily basis. The considerable gender differences in these countries are often also evident in terms of weekly care. The share of women and men who provide care on a daily basis is about the same in only a few countries, such as Sweden, France, or Poland. However, gender differences in weekly care are often significantly higher in these countries, resulting in a positive gender care gap (see Figure 1). In Germany, women are around twice as likely as men to provide care on a daily basis and around three times as likely to provide care on a weekly basis.

The care system influences the gender care gap

Taking a closer look, systematic regional differences are noticeable: While informal care is performed less frequently overall in Northern and Eastern European countries (Figure 2, left), it is performed more frequently overall in Southern and Western European countries (Figure 2, center and right), where the gender care gap is often larger. In the countries where a lot of informal care is provided, women are frequently performing the care work. This suggests that women perform a large share of private, informal care work. Germany is in the middle of the distribution here as well.

To capture country-specific differences in the care systems, this Weekly Report considers the respective expenditure on long-term care, both overall as well as on in-patient care in professional facilities (Table in Box). Higher proportional expenditure on care is interpreted as an indicator of a better care system. In particular, expenditure on inpatient care indicates a pronounced formal care sector that can relieve caregiving relatives.

Countries with higher care expenditure have lower gender care gaps

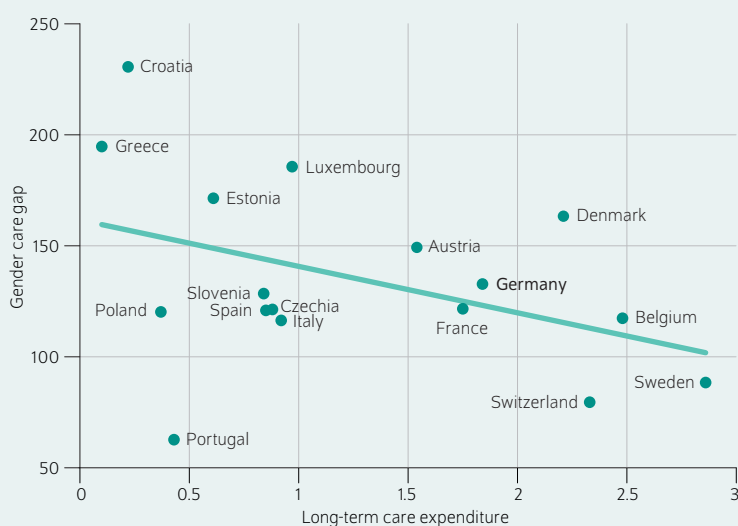
The results of the analysis (Figure 3) show that the gender care gap is smaller in countries that spend more overall on formal long-term care, such as Sweden, Belgium, or Switzerland. In contrast, countries with comparatively larger gender care gaps, such as Croatia or Greece, spend less on long-term care. Germany is again in the middle of both dimensions. This correlation becomes even more clear when only viewing expenditure on long-term *in-patient* care instead of total expenditure on long-term care. While nearly two percent of GDP is spent on in-patient care in Sweden and Switzerland, Greece and Croatia spend only 0.07 and 0.15 percent each. Germany spends around one percent of its GDP on long-term in-patient care, again landing it in the middle of the distribution compared to other European countries.

When comparing the differences in in-patient care expenditure to the gender care gaps in the respective countries, a clear, statistically significant negative correlation emerges: On average, smaller gender differences in privately provided

Figure 3

Adjusted gender care gap and relative long-term care expenditure

Gender Care Gap in percent, expenditure in percent of GDP



Note: The line shown indicates the correlation between the adjusted gender care gap and relative expenditure on long-term care (measured as a percentage of GDP) based on a regression analysis. The correlation is significant at the ten percent level.

Legend: There are significant gender differences in private informal care in countries in which the relative amount spent on long-term care is low, such as Croatia or Greece.

Sources: SHAREv6; Eurostat; authors' calculations.

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The gender care gap is smaller in countries where the relative expenditure on long-term care is higher.

informal care can be observed in countries with more expenditure on long-term in-patient care (Figure 4). At the country level, this result reflects the fact that a stronger formal care system relieves caregiving relatives, especially women. However, it is questionable if this contributes to general gender equality, as there is a large share of women working in the professional care sector, where careers are frequently comparatively low paid.¹²

Gender care cap is lower when gender inequality is low

The Gender Inequality Index (GEI) is used to investigate the correlation between the gender care cap and general gender inequality in the countries analyzed (Table in Box). The GEI includes different domains of inequality that are summarized into a single index between 1 (total inequality) and 100 (total equality). The results show that the gender care gap is smaller in countries with higher gender equality across the different domains (Figure 5).¹³ This correlation is clear in countries

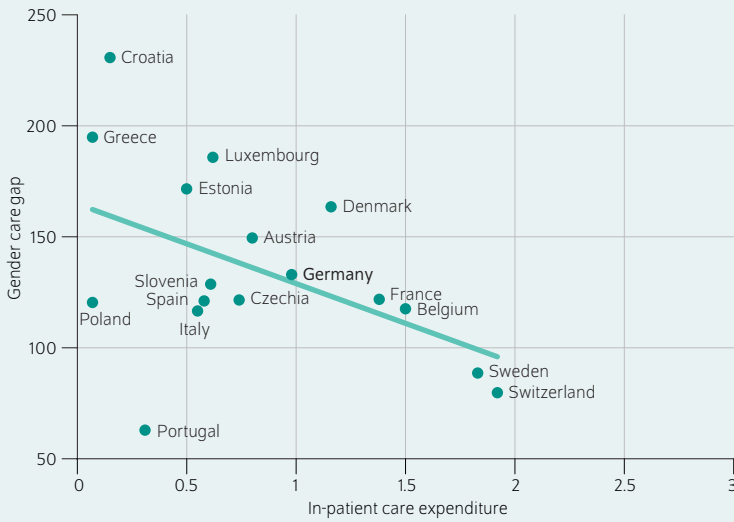
¹² OECD, "Women are well-represented in health and long-term care professions."

¹³ This negative difference is not statistically significant, which could also be related to the small number of countries. The Gender Equality Index is available for all countries in Figure 1 except for Switzerland, bringing the total number of countries to 16.

Figure 4

Adjusted gender care gap and relative long-term in-patient care expenditure

Gender Care Gap in percent, expenditure in percent of GDP



Note: The line shown indicates the correlation between the adjusted gender care gap and relative expenditure on long-term care (measured as a percentage of GDP) based on a regression analysis. The correlation is significant at the ten percent level.

Legend: On average, there are fewer gender differences in privately provided informal care in countries where the relative expenditure on long-term in-patient care is higher.

Sources: SHAREv6; Eurostat; authors' calculations.

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A stronger formal care sector relieves informal caregivers, especially women.

such as Croatia, Greece, and Estonia: Each country's GEI is around 50, which indicates high gender inequality compared to the other countries. In these three countries, the gender care gap is over 170 percent. The counterexample is Sweden: It has the highest GEI (83) together with the third smallest gender care gap (88 percent). Germany, again, is in the middle of the distribution with a GEI of 66 and a gender care gap of around 133 percent. However, there are also exceptions to this correlation. For example, Portugal has a smaller gender pay gap but a lower Gender Equality Index. Such exceptions show that inequality in informal caretaking duties between men and women can also be driven by other factors that are not included in the GEI (Table in Box).

One other important gender difference is employment rate inequality. The correlation between the gender care gap and differences in employment patterns between men and women are thus illustrated separately (Figure 6).

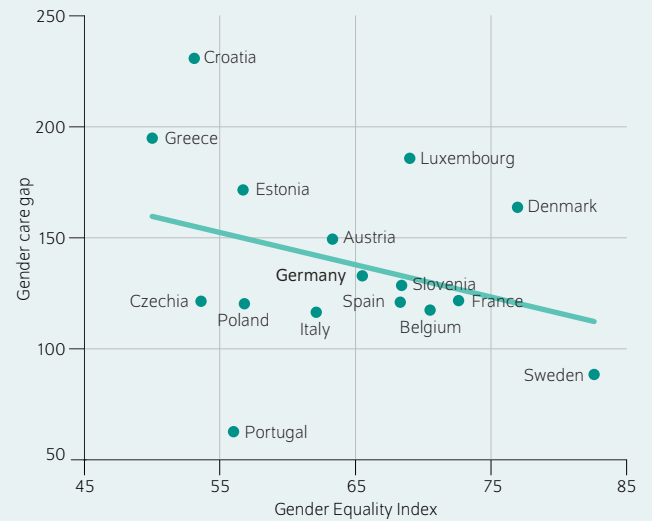
Women's labor market participation depends on informal care work

The lower the number of women employed in a country, the larger the gender care gap. A positive difference in the employment rate means that the labor market participation

Figure 5

Adjusted gender care gap and the Gender Equality Index

Gender care gap in percent, Gender Equality Index of 1 (complete inequality) to 100 (complete equality)



Note: The line shown indicates the correlation between the adjusted gender care gap and the Gender Equality Index based on a regression analysis. The correlation is not statistically significant.

Legend: Croatia, Greece, and Estonia each have a Gender Equality Index of around 50, which indicates high gender inequality compared to the other countries. These three countries have a gender care gap of over 170 percent. Sweden, in contrast, has the highest Gender Equality Index (83) and the third-smallest gender care gap (88 percent).

Sources: SHAREv6; European Institute for Gender Equality; authors' calculations.

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The gender care gap is lower in countries that have more gender equality across various domains.

of men is proportionally higher than that of women (Table in Box). This fact correlates positively with care work: The larger the relative difference in the employment rate between men and women, the larger the gender care gap. This correlation is especially clear when looking at Greece, Sweden, Portugal, and Switzerland. In Greece, the gender employment rate gap is 30 percent. At the same time, women in Greece are three times as likely as men to perform informal care work, which is a gender care gap of nearly 200 percent. In contrast, women are less than twice as likely to perform care work as men—a gender care gap of less than 100 percent—in Sweden, Portugal, and Switzerland, where the difference in the employment rate is a maximum of 11 percent. Again, Germany is in the middle of the distribution here: The relative gender difference in the employment rate is around ten percent with a gender care gap of around 133 percent. These results confirm, as expected, that gender differences in the labor market are reflected in gender differences in informal care work and that these two factors can be mutually dependent.

Box

Data and sampling

This Weekly Report is based on Wave 6 (survey year 2015) of the Survey of Health, Ageing and Retirement in Europe (SHARE).¹ The sample is limited to respondents of at least 50 years of age.² This is done in order to investigate long-term care for adults and to distinguish it from childcare.

Definition of care work

In this study, only personal care (e.g., help with getting dressed, bathing or showering, eating meals, getting in or out of bed, using the toilet) provided outside a person's household and within the last twelve months prior to the survey is considered care work. Care work provided within one's own household is not considered as care work here, as both forms are captured differently in the data and are thus not comparable.³ Care provided by partners living in the household is therefore not included. Other types of help provided for relatives or acquaintances, such as assistance with gardening or administrative matters, are not captured. On the one hand, this delineation clearly defines care as personal care support for another person and, on the other, ensures comparability with formal care services, such as care provided by an outpatient care service. The gender care gap is often calculated in the literature based on the number of hours spent caring for relatives daily.⁴ The underlying database does not contain any information on the daily use of time (hours) spent on providing personal care. This Weekly Report therefore measures whether the respondent states that they provide personal care for relatives (outside their household). The SHARE data also records whether personal care is provided daily, weekly, or less frequently.

1 Axel Börsch-Supan, "Survey of Health, Ageing and Retirement in Europe (SHARE) Wave 6. Release version: 8.0.0," SHARE-ERIC (2022) (available online; accessed December 7, 2023). This Weekly Report uses data from the survey year 2015 because the following survey years are not suited for this report due to methodological reasons.

2 Around 98 percent of the respondents in SHARE (Wave 6) are 50 or older.

3 Care work provided outside the household includes assistance with personal care within the last 12 months regardless of frequency, while care work provided in one's own household only includes care on a regular basis (daily or almost daily over the last three months).

4 Nina Klünder, *Differenzierte Ermittlung des Gender Care Gap auf Basis der repräsentativen Zeitverwendungsdaten 2012/13* (Berlin: Institut für Sozialarbeit und Sozialpädagogik e.V., Geschäftsstelle Zweiter Gleichstellungsbericht der Bundesregierung, 2017) (in German; available online).

Methodology

The gender care gap describes the relative difference in the shares of women and of men providing informal care. In the first step, country-specific, cross-sectionally weighted regressions are used to calculate the absolute differences in the shares of men and women providing informal care, controlling for age and the level of education. These are then divided by the country-specific, weighted share of all men providing care in order to calculate the relative gender care gap. The larger this gender care gap, the greater the gender inequality in the provision of informal care.

In the second step, this relative gender care gap is regressed individually on the various country characteristics to investigate the respective statistical correlations between the gender care gap and various indicators of the national labor market and care system (Table in Box). As with the SHARE data, information from 2015 is used for the indicators.

Table

Care system and gender inequality indicators

Indicator (year used)	Description and notes
Relative expenditure on long-term care (2015)	<ul style="list-style-type: none"> Total expenditure on long-term care Percentage share of expenditure of GDP
Relative expenditure on in-patient long-term care (2015)	<ul style="list-style-type: none"> Total expenditure on long-term in-patient care (care in-patient facilities) Percentage share of expenditure of GDP
Gender Equality Index (2017)	<ul style="list-style-type: none"> Index measures gender inequalities in different domains (work, money, knowledge, time, power, and health) and summarizes these domains into one index Index value is between 1 (total inequality) and 100 (total equality) Low value = high gender inequality High value = low gender inequality Index from 2017 based on data from 2015
Relative gender differences in the employment rate (2015)	<ul style="list-style-type: none"> Absolute difference in employment rate between men and women compared to the employment rate of men Positive gap = average employment rate of men is higher than that of women Employment rate = share of employed persons in the entire population (from ages 15 to 64)

Sources: Eurostat; European Institute for Gender Equality; OECD.

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Conclusion: Investing more in the care system and more men performing care work could reduce inequality

Women perform significantly more informal care work than men in all European countries investigated in this Weekly Report using SHARE data. However, there are important differences between the countries that are related to both expenditure on the formal care system and gender inequality: The more spent on formal care, the smaller the gender care gap, and countries with low gender inequality have a small gender care gap.

Germany can learn from its neighbors with lower gender care gaps: In an international comparison, it is in the middle of the distribution when it comes to expenditure on formal care, gender inequality, and the gender care gap.

Germany should invest more in formal care to increase the number and quality of care offers as well as to reduce the amount of informal care that relatives must provide. Currently, baby boomers are providing most informal care. This will change in the future and in the medium term when baby boomers stop acting as caregivers and begin requiring care themselves. Irrespective of the specific care work

Figure 6

Adjusted gender care gap and relative gender employment gap
In percent



Note: The line shown indicates the correlation between the adjusted gender care gap and the gender differences in the employment rate. The correlation is not statistically significant.

Legend: In Greece, the difference in the employment rate between men and women compared to the labor market participation of men is 30 percent. Women are three times as likely as men to provide care work in Greece. In Sweden, in contrast, the relative difference in the employment rate is less than five percent and women are less than twice as likely to perform informal care work as men.

Sources: SHAREv6; authors' calculations.

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The larger the relative difference in the employment rate between men and women, the larger the gender care gap.

performed, inequality could be reduced by further expanding the care system. One current issue is the growing shortage of skilled workers in the formal care sector. According to Federal Statistical Office projections, the expected number of care workers in 2049 will be at least 280,000 fewer than the expected demand.¹⁴ A shortage of skilled workers causes the quality of care provided to suffer. Sufficient personnel at care facilities is also a condition for relieving informal caregivers and thus decreasing the gender care gap.

It is important to mobilize more men for informal care to reduce inequality in care work. However, this is likely a very long-term goal, as can also be seen, for example, with parental benefits (*Elterngeld*), where resounding success in increasing parity in childcare has still not occurred. For more equality in long-term care, it is crucial to reduce labor market inequality between men and women. There are prominent proposals for achieving this goal, for example reforming *Ehegattensplitting* (joint taxation of married couples with full income splitting) or improving childcare so that both parents can work full time. These instruments could be conducive to the long-term goal of equal division of paid work and care work between men and women.

¹⁴ Statistisches Bundesamt, "Bis 2049 werden voraussichtlich mindestens 280,000 zusätzliche Pflegekräfte benötigt" press release from January 24, 2024 (in German; available online; accessed on January 30, 2024).

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