Women's Caregiving Careers and Retirement Financial Insecurity

Nancy A. Orel, Laura Landry-Meyer, and Maria A. S. Spence

Providing the essential care for children and aged relatives has immediate and long-term financial consequences for women, particularly financial insecurity in retirement. Women's caregiving careers are examined in relationship to the impact on retirement. The need for career and retirement education and counseling aimed at women who assume caregiving roles is addressed.

Women spend a considerable portion of their lives providing care that hinders their economic well-being (Young & Newman, 2004). At the turn of the 20th century, women spent, on average, approximately 19 years raising children and 9 years caring for a parent (Foulke, Alford-Cooper, & Butler, 1993). Currently, women are likely to spend 17 years raising children and 18 years caring for a parent (Foulke et al., 1993; Gaugler, Kane, & Kane, 2002; Kaden & McDaniel, 1990). It is estimated that baby boomers (i.e., those born between 1946 and 1964) will spend as many years caring for an elderly parent as raising a child. For many women, the roles of primary caregiver for children and primary caregiver of aged parents overlap in occurrence and duration. A woman's caregiving of children and aged parents potentially spans 35 years of a 78-year life expectancy. With an 11% lifetime incidence of providing care for grandchildren, a woman's caregiving career will expand (Fuller-Thomson, Minkler, & Driver, 1997). A growing number of women will spend most of their adult lives in multiple caregiving roles.

The phenomenon of multiple caregiver roles within a woman's life span is socially coupled with a "reinforcement deficit" as evidenced in the lack of financial recognition for the performance of caregiving tasks. Thus, providing care for children, aged relatives, and/or grandchildren affects a woman's ability to financially plan or enact retirement. Women, especially those in later life and women of color, are more likely to have informal caregiving responsibilities thrust upon them. A variety of factors contribute to the increasing caregiving burden and the subsequent poverty of older women, including the lack of public-supported, affordable child care and elder care; inadequate family leave policies; and the gendered assumption that female relatives can and will

Nancy A. Orel, Gerontology Program; Laura Landry-Meyer, Human Development and Family Studies; and Maria A. S. Spence, Social Work Program, all at Bowling Green State University. Correspondence concerning this article should be addressed to Nancy A. Orel, Gerontology Program, Bowling Green State University, 218 Health Center, Bowling Green, OH 43403 (e-mail: norel@bgnet.bgsu.edu).

voluntarily undertake caregiving responsibilities (Hooyman, Browne, Ray, & Richardson, 2002). Income from Social Security benefits and corporate pensions are rarely available for women whose caregiving roles result in erratic work histories at low-paying positions (Ekerdt & Hackney, 2002).

It has been proposed that the poverty and near poverty of women in middle and later adulthood are logical outcomes of gender role demands that focus on the caregiver role, which is either low paying or provides no income (e.g., homemaker, child caregiver, elder caregiver). Women are disproportionately poor, and the proportion of women in poverty increases with age, primarily because of inadequate retirement income (Barusch, 1994; Glass & Kilpatrick, 1998; Pienta, 1999).

Generally, women do not have retirement resources equivalent to those of men, and they tend to financially prepare less for retirement than do their male counterparts (Choi, 2002; Glass & Kilpatrick, 1998; Richardson, 1999). The purpose of this article is to describe women's caregiving careers and their negative impact on retirement financial security. Retirement issues for women (e.g., ability to retire, retirement income) as a result of providing care to aged relatives and grandchildren are presented within a cultural context. Caregiving implications on retirement planning and education designed specifically for women assuming caregiver roles are discussed, as well as the policies aimed at decreasing the financial risk for women who provide care.

WOMEN'S MULTIPLE CAREGIVING ROLES

Women are expected to, and often perform, multiple roles (Doress-Worters, 1994). With the growing number of women joining the workforce, the term *second shift* was coined to describe the caregiving role women would assume after coming home from work (Hochschild, 1989). Doress-Worters suggested that women face a third shift of providing care for aged relatives in addition to their children. For some grandmothers, caring for grandchildren may be a fourth shift.

The median age for both elder caregivers and grandparent caregivers as determined from national data sets (e.g., U.S. Bureau of the Census, Commission on Aging) is 57 years, which makes the possibility of juggling multiple caregiving roles a real possibility (Chalfie, 1994; Foster & Brizius, 1993). For instance, Burton (1992) found that 68% of the grandparent caregivers in her study looked after a spouse, sibling, or child, and 15% were providing care to three generations (e.g., spouse, child, grandchild). In their study of grandmother caregivers, Minkler and Roe (1993) found that 55% (n = 71) reported that at least one of their children remained at home while they were providing care to a grandchild and 9% (n = 71) were parenting a third time as great-grandmothers because the mother was not available. These multiple roles isolate women in the home, reduce employment opportunities, and restrict time and ability to perform other roles (Doress-Worters, 1994), all of which jeopardize women's financial security in retirement.

In the United States, as many as 52 million individuals, or 31% of the total population, are informal caregivers (U.S. Department of Health and Human Services, 1998). Approximately 75% of family caregivers are women (Atchley & Barusch, 2004; Pyke & Bengtson, 1996). Two thirds of these caregivers work part time or full time, and 41% are responsible for raising children and caring for older adults (American Association of Retired Persons, 1998). According to the Family Caregiver Alliance (2001), the "typical" caregiver is a 46-year-old, employed, married woman with a median household income of $35,000. This typical caregiver spends approximately 18 hours per week providing care and has at least one child younger than 18 years of age living in the home. In addition to providing approximately $171 per month on out-of-pocket caregiving expenses, the typical caregiver has a credit card balance of approximately $7,500 (Murdoch, 2003). Women often juggle multiple caregiving roles with a lack of financial resources.

The role of providing care has been termed the *unexpected career* (Aneshensel, Pearlin, Mullan, Zarit, & Whitlatch, 1995) because the lives of caregivers are dramatically altered by events over which they have no control, such as financial problems and physical and emotional responsibilities associated with being the primary caregiver. Just as caregivers of aged parents undertake major sacrifices in order to provide the necessary assistance for aged family members, so do grandmother caregivers who assume tremendous financial and emotional hardships raising their grandchildren. Nationally, 60% of the grandparents raising grandchildren are women, and 93% of all single grandparent caregivers are women (Chalfie, 1994). Almost all of the grandfather caregivers are married, that is, sharing caregiving with a grandmother (Chalfie, 1994). Approximately 60% of skipped-generation families (e.g., grandparent–grandchild) live in poverty (U.S. Bureau of the Census, 1999). The financial problems that result from raising grandchildren include the actual expenses of providing care and the "opportunity costs" of providing care. The short-term and opportunity costs include quitting a full-time job, reducing hours to part-time status, or passing up a promotion or advancement opportunity in order to raise grandchildren (Burton, 1992; Ernest & Hay, 1994; Minkler & Roe, 1993). These lost financial opportunities during middle adulthood can substantially affect the potential retirement earnings of female caregivers.

RETIREMENT ISSUES

Although numerous researchers have indicated that there is a tremendous need for women to plan for their retirement security (Glass & Kilpatrick, 1998; Hayes & Parker, 1993; Hounsell, Humphlett, & Lewis, 2002; Perkins, 1995), there have been few studies that have specifically explored the impact of caregiving on a woman's ability to plan for retirement (Dentinger & Clarkberg, 1999). Although many workers look forward to retirement, most workers admit

knowing little about the midlife planning that would facilitate a preferred retirement lifestyle (Price, 2000). Despite the annual Social Security benefit estimates that have been mailed to workers' homes since 1999, less than half of U.S. workers say that they are aware of their specific Social Security benefits or have calculated a retirement savings goal (Ekerdt & Hackney, 2002). In a Merrill Lynch (1995) survey, women reported that they felt less prepared for retirement, less informed about their Social Security benefits, and less informed about their employer's retirement benefits than did men. Because the majority of older persons are female and subsequently most Social Security beneficiaries are female, it is imperative that attention be given to retirement issues that are unique for women, including the gendered assumption of caregiving.

Women do a larger share of the caregiving duties and bear significant financial and personal costs related to these responsibilities. Although financial security in retirement depends on many factors (e.g., pensions, savings, disability, job satisfaction, social attitudes), the impact of caregiving is significant (Mergenhagen, 1994). The Family Caregiver Alliance (2001) hypothesized that each informal caregiver loses an average of $25,494 in Social Security benefits, an average of $76,202 in pension benefits, and an average of $566,433 in wage wealth (e.g., current value of lifetime wages). The impact of caregiving results in a net loss of $659,139 for the average caregiver. Women who provide care undertake major financial sacrifices in order to provide necessary and often socially unappreciated assistance.

The Social Security Act of 1935 provided retirement benefits for full-time eligible employees. With this act, retirement became an expected part of the life and work cycle for Americans. Many individuals look forward to retirement as a reward for many years of productive labor. An important trend in the United States since the end of World War II is the increasing number of people in retirement and the increasing length of time spent in retirement due to increased life expectancy. Currently, U.S. workers can expect to spend at least one fourth of their life in retirement (Kim & Moen, 2000). However, if retirement is viewed as a reward, then the majority of women and people of color will be unrewarded (Walker, Manoogian-O'Dell, McGraw, & White, 2001). Women and people of color are often overrepresented in low-paying, unstable, service-sector positions. These life circumstances, combined with an interrupted work trajectory due to caregiving, affect the amount earned in Social Security and pension plans. The Social Security Administration's (2004) *Fast Facts & Figures About Social Security, 2004* specified that men received a higher average monthly benefit than did women, basing its calculations on women's own work record.

Social security is gendered in its approach to retirement income. The eligibility rules for Social Security benefits are based on a male life-span developmental cycle and provide the maximum benefit to White men (Quadagno, 1988). Spousal benefits for women are the most beneficial when there is only one stable marital

relationship across the woman's life span. Likewise, Social Security benefits for married women are most advantageous if the marriage ends in death. Divorced women and widowed women who remarry will often find that earlier spousal benefits must be forfeited (Harrington-Meyer, 2003).

To qualify for Social Security, workers must have contributed to Social Security for at least 40 quarters for 10 years. Generally, women participate in the labor force for fewer years over their lifetimes than do men. The typical woman spends 32 years in the workforce compared with 44 years for the typical man (Munnell, 2004). Although this period does not have to be continuous (e.g., it may include work disruptions, such as providing care), the amount of the benefit is affected by work interruptions. Women receive lower wages, and with work interruptions, their overall wage earnings are lower, which subsequently affects their Social Security benefits.

Private pensions are also gendered because only those workers who have steady, constant employment are typically eligible for pension benefits. Women typically spend about half their lives providing care and not participating in the workforce, thus decreasing their likelihood of earning pension benefits (Foulke et al., 1993) and increasing the odds of "experiencing psychological distress and economic hardship" (Rodgers & Jones, 1999, p. 455). In 2000, 31% of men 65 years or older were receiving income from their own pensions. In contrast, only 18% of women 65 years or older were receiving their pensions (Social Security Administration, 2003). Unfortunately, only half of all employees are covered by an employer-sponsored plan (Employee Benefit Research Institute, 1994), and the lack of coverage is especially evident among older women.

A woman's disrupted paid work trajectory has an impact on her financial security. Lifetime caregiving responsibilities prevent women from acknowledging the long-term financial consequences of providing care, such as lost job assignments, transfers, and promotions; lost wages; and absent retirement savings plans and investments. Caregivers' decisions often are made based on filial obligation and what they thought was best for their children, parents, and grandchildren, as well as the cultural value of providing care to family. Although sacrifices were done willingly, the significance of these sacrifices on a woman's financial security in older adulthood has not been fully acknowledged by the woman making the sacrifices or by society, which benefits from these sacrifices.

In order for retirement to become an institutionalized social pattern, certain conditions must be met: (a) a large group of people must live long enough to retire, (b) the economy must be productive enough to support people not in the workforce, and (c) there must be pensions or insurance programs to support retirees (Streib & Schneider, 1971). Family development theory has included retirement as a family life stage (Duvall, 1957), and many researchers integrate retirement as a life stage when discussing individual and family development (Cox, Parks, Hammonds, & Sekhon, 2001; Reitzes, Mutran, & Fernandez, 1998). The life-course perspective provides a context for the trajectories of work

and family life within an age cohort, offering a historical perspective on women and retirement. The anticipated life course includes paid work entry for about 30 years, with retirement occurring when a pension is available or at the eligible age to receive Social Security. Yet retirement cannot be a "universal life stage" because of gendered and racial discrimination in paid and unpaid labor.

Researchers (Pienta & Hayward, 2002; Szinovacz & DeViney, 1999) have found that if children are still present in the home, then most parents will not retire. Wives tend to synchronize their retirement with their husbands, and husbands retire only if children are independent (Gustman & Steinmeier, 1994). For women, retirement timing is often related to early childbearing decisions. In addition, "work and family experiences over the life course impact women's labor force decisions in later life and their subsequent retirement timing" (Pienta, 1999, p. 70). Women's retirement issues are linked to their caregiving responsibilities (Orel, Ford, & Brock, 2004).

With more than 63% of young adults entering college (Jamieson, Curry, & Martinez, 2001), most women enter a career upon college graduation or postpone their educational plans to bear and rear children. Once children are of school age, many women reenter the workforce, often in positions that are conducive to providing care to their children. Although these positions may be time flexible and provide for day-to-day expenses, they tend to be low paying and do not provide an opportunity to invest in personal retirement plans. These same positions provide minimal contributions into the Social Security system. Given that the majority of caregivers of older adults are women, many women disrupt their work trajectory again to provide care for an aged parent. In some situations, women may reenter the workforce and possibly exit again to raise grandchildren. The typical pattern of women entering and exiting the workforce because of caregiving responsibilities has resulted in receiving jobs with lower wages, fewer benefits, and fewer pension opportunities (Matire & Stephens, 2003; Perkins, 1995). This disrupted work trajectory due to caregiving lowers potential Social Security benefits available for a typical female worker (Social Security Administration, 2003). Women are potentially at a distinct financial disadvantage because of the impact of caregiving on their ability to plan for retirement.

CULTURAL CONTEXT OF RETIREMENT INSECURITY AND CAREGIVING

The financial insecurity of retirement for many women may be compounded by the cumulative disadvantage that includes past discrimination in the paid workforce. Poverty is a way of life for many older African American women (Ozawa, 1995). African American women have the highest employment rate throughout their lives but are the least well off when compared with other groups, such as Hispanic women and Caucasian women (Goodman & Silverstein, 2002; Ozawa, 1995). A lack of adequate education and job discrimination both contribute to the fact that many African American women work in

low-skill, low-wage positions. It is estimated that 33.8% of African American older adults live in poverty, with the majority being women (Cruikshank, 2003; Dilworth-Anderson & Williams, 1996). Generally, research has been limited regarding racial differences in family support and formal caregiving services utilization and how employment and future retirement incomes encroaches upon the ability to provide familial support or obtain needed services (Bullock, Crawford, & Tennstedt, 2003; Miner, 1995).

Women of color are more likely to rely on informal caregiving than on the formal supports used in Caucasians families (Mindel & Wright, 1982). Respite care services and emotional support are often provided by extended relatives or nonrelated family members, a system characterized by Chatters and Taylor (1993) as mutual exchanges of instrumental and expressive assistance. Nonetheless, these caregiving responsibilities are less likely to receive retirement benefits. For many who informally adopt grandchildren, there is no legal recognition of the grandchild; thus, financial assistance is often difficult to obtain.

It is estimated that close to 75% of all grandparents raising grandchildren have no legal custodial arrangement (Landry-Meyer, 1999). However, Hispanics, Asian Americans, and African Americans are less likely to rely on formal services (Dilworth-Anderson & Williams, 1996; White, Townsend, & Stephens, 2000) and prefer caregiving by family members to institutional care (deToledo & Brown, 1995; Minkler & Roe, 1993). Legal recognition is needed prior to receiving aid. This recognition ignores the cultural values of families whose beliefs center on taking care of their own versus going to court to obtain legal rights. To receive legal recognition, some Puerto Rican families have applied to be foster parents to their grandchildren but face many obstacles and are often refused because of their substandard housing arrangements (Mizio, 1983).

The cultural caregiving beliefs of Asian Americans embrace filial obligation, a sense of responsibility to provide care for family members. This belief is especially evident for women and may contribute to poverty. Collectively, Asian Americans are considered one of the poorest ethnic groups in the United States (Tam & Detzner, 1998), but there are distinct differences in rates of poverty among subgroups. For example, differences among the subgroups vary from a 4.2% poverty rate for Japanese Americans (Kitano & Kitano, 1997), to a 10.5% poverty rate for Chinese Americans (Wong, 1997), to a 35% poverty rate for Vietnamese Americans (Tran, 1997). One implication of high poverty rates for many culturally diverse families is the lack of social support that may be available. Dilworth-Anderson (1992) contended that the extended kin support system of culturally diverse families may be unable to help with caregiving because of changing sociodemographic conditions (e.g., unemployment, poverty) that indicate a large number of caregivers who will be poor and needy.

Recently, there has been a significant increase in the number of Native American families headed by women, which coincided with an increase in unemployment and poverty rates for these families (Strauss, 1986). For Native

American families living on reservations, the unemployment rate is 27.8% and the poverty rate is 40%; 26.3% of all families are headed by women. For those not living on reservations, there is a 13.2% unemployment rate and a 23.7% poverty rate; 22.7% of all families are headed by women (Strauss, 1986). Providing care to both aged parents and grandchildren by Native American Indian women is a cultural norm in most tribes (Weibel-Orlando, 1990).

Many of the retirement income concerns facing women of color are also shared by women who identify their sexual orientation as lesbian. However, the financial insecurity of retirement for lesbians is especially compounded by the cumulative effects of discrimination, which is evident in the unequal treatment under Social Security, pension plans, and 401(k) plans (Cahill, South, & Spade, 2000). Due to restrictions in state and federal laws, lesbians are not eligible for spousal or survivor benefits through Social Security or the tax shelters available to heterosexual married couples who inherit a pension of 401(k) assets from a spouse. Although Massachusetts allows same-sex marriages and three states (Vermont, Connecticut, and New Jersey) have civil union laws, each of these states is still politically debating the specific benefits for same-sex couples. It is also important to note that 45 states have legal or constitutional bans on same-sex marriages. It is estimated that surviving lesbian partners pay tens of thousands of dollars in taxes when they inherit a retirement plan from an unmarried partner (Bennett & Gates, 2004). Married spouses under the same situation are not charged any inheritance taxes.

Although specific research to document the retirement income differentials between lesbian couples and gay male couples is not currently available, relevant research seems to indicate that lesbian couples would face greater hardships than would gay male couples. Individually and collectively, lesbian couples would have lower lifetime earnings compared with gay male couples, and lesbian couples would be more likely than gay male couples to interrupt their work histories to provide care for aged parents. Additionally, because women generally live longer than men, lesbian couples would need greater financial resources for longer retirement periods than would their gay male couple counterparts.

The Center for Retirement Research at Boston College indicated that "of all the factors associated with poverty in old age, the most critical is to be a woman without a husband" (Munnell, 2004, p. 1). However, this statement seems to apply more so to particular subgroups of women (e.g., women of color, lesbians) and especially for those women who provide care across the life span. Collectively, research indicates that women face retirement income insecurity because of their disrupted career trajectories coupled with discriminatory practices based on gender, race, and sexual orientation (Bennett & Gates, 2004; Kim & Moen, 2000; Pienta, 1999).

IMPLICATIONS FOR POLICY AND PRACTICE

It is essential that the implications of caregiving on women's financial security in retirement be acknowledged and addressed. Women's caregiving careers affect

retirement security. The importance of this impact has been largely ignored in research and policy (Price, 2000).

Practice

Women must be made aware of the risk for significant retirement financial insecurity as a correlate of caregiving throughout their life span. It is becoming imperative that counseling, as a profession, bring attention to the situation Kingson, Hirshorn, and Cornman (1986) called the "interdependence of generations" (p. 9). Additionally, because women provide both formal and informal care throughout their lives, the need for education and advocacy aimed at women assuming caregiving roles is needed throughout the life course. The population of female caregivers continues to grow, rapidly creating an increased demand for interventions. Because counselors are recognized for addressing issues that promote injustice within society, their intervention and advocacy skills are necessary to help female caregivers handle the countless prescribed and identifiable financial issues associated with caring for an aging parent or the unexpected rearing of grandchildren.

Inasmuch as this article has previously acknowledged the likelihood of caregivers experiencing psychological distress and economic hardship, support groups as an intervention strategy would be quite beneficial in bringing people with common interests together. Sharing ideas and exploring thoughts, although offering caregivers a much-needed reprieve, are both meaningful and cathartic. Caregiver support groups may also help concomitant friendships to develop. Primarily, support groups should address the immediate "presented" concerns of caregivers, but these support groups could also be instrumental as the arena in which women could address the long-term financial consequences of providing care.

Education about retirement as a life stage and event is imperative at early stages in the life course. This education should be provided through a variety of public and private institutions, agencies, and organizations. Many women make decisions regarding career, family, and caregiving during adolescence and young adulthood. In a current study, female caregivers reported that they had a general lack of understanding on how providing care would affect their retirement financial security (Orel et al., 2004). At earlier life stages, education aimed at financial security should be raised. Women should be informed that decisions to provide care and manage a household are not financially rewarded in later life. Economic security in later life for female caregivers will require up-to-date information on retirement planning, including public and private programs, savings, and various types of pension plans. Financial programs and services that assist women who are currently providing care or will be providing care in the future are needed to address the immediate and long-term financial impact of providing this care.

Another topic of education focuses on the impact of divorce and retirement. If a woman is married and that marriage ends, financial benefits may no longer be available if the woman chooses to remarry. Many women are not educated about the impact of divorce on retirement income. Brief

marriages do not qualify women for their husbands' Social Security retirement benefits (Social Security Administration, 2004). If women were educated about the policy that they must be married for 10 years in order to receive spousal Social Security benefits, perhaps some women would consider this when negotiating the terms of divorce. Likewise, attorneys should discuss with women the financial implications of divorce on future retirement income.

Policy

Policies should be aimed at decreasing the financial risk women assume by providing care. Federal policy currently rewards paid work and ignores the lack of financial risk associated with family caregiving. Each year, it is estimated that caregivers save the federal government $700 billion to $1.4 trillion by providing unpaid care each year (Steckenrider & Parrott, 1998). In fact, informal caregivers provide more unpaid care within their homes than the federal government provides in community-based and institutional care (Arno, Levine, & Memmott, 1995). This policy savings goes unrewarded because many of these same caregivers live in poverty during their later years. Although the federal government claims to be family oriented, many policies are counter to family-based decisions regarding caregiving.

Retirement income, specifically Social Security, is based on a gendered conceptualization of work (Harrington-Meyer, 2003). Changes are needed in the current Social Security benefit eligibility policies. Social Security benefits are based on average yearly earnings over a 35-year period, excluding the 5 lowest years of earnings. The assumption is that most individuals would "drop" 5 years in order to receive the highest benefit. However, women are severely penalized for extended absences in their work histories when they leave the workforce to provide care. Caregiving women are penalized for these "nonwage earning" years because they are averaged into the Social Security benefit formula. Female caregivers could receive "caregiving credits" for the years they spend providing care, and these years out of the workforce would not be used in calculating their Social Security benefits. Members of the armed forces and interned Japanese Americans during World War II received wage credits (Greenberg, 1978). Providing wage credits for women who interrupted their work histories to provide care should be proposed. Social Security eligibility needs to be revised to take into consideration women's interrupted careers, which require work disruptions to provide care for family members.

Several policy changes are needed to ensure retirement financial security for women who provide familial care. Changes are needed in the Family and Medical Leave Act (1993) that would reflect female caregivers' variable work patterns. These changes would include reducing the mandatory hours and years of work needed to be eligible for paid leave. Finally, policy changes are also needed in regard to who can receive dependent care tax credits. Currently, the

definition of *dependence* is too restrictive for most female caregivers to claim dependent care tax credit expenses (Young & Newman, 2004).

Advocacy for social policies that address the retirement concerns of informal caregivers is needed at the federal and state level. However, social policies must address all care provider concerns, not just retirement concerns, including caregiver income, discretionary time, respite services, physical health, and family relationships. Helping professionals have long advocated for women's rights and an equitable society, and they must continue to call attention to the social and political roots of unacknowledged and unsupported informal caregiving. As counselors, we have an ethical responsibility to stay ever vigilant and involved to stop practices and policies that fail to foster social justice.

SUMMARY

Women who provide care over their lifetime are at greater risk for living in poverty during their later years. Caregiving decisions are often made without knowing the financial consequences associated with decisions to provide child care, elder care, and grandchild care. Policies reward individuals who participate in paid work and offer minimal rewards to women who provide care. Retirement education and career counseling geared at women during adolescence and young adulthood can increase women's knowledge prior to making caregiving decisions that have immediate and long-term financial consequences. Changes in policy to reflect the value of family caregiving will decrease the institutional barriers inherent in the current system against women who are caregivers to the young and old.

REFERENCES

American Association of Retired Persons. (1998). *Boomers look toward retirement.* Washington, DC: Author.

Aneshensel, C. S., Pearlin, L. I., Mullan, J. T., Zarit, S. H., & Whitlatch, C. J. (1995). *Profiles in caregiving: The unexpected career.* San Diego, CA: Academic Press.

Arno, P., Levine, C., & Memmott, M. (1995). The economic value of informal caregiving. *Health Affairs, 18,* 182–188.

Atchley, R. C., & Barusch, A. S. (2004). The demography of aging. In R. C. Atchley & A. S. Barusch, *Social forces and aging: An introduction to social gerontology* (pp. 24–43). Belmont, CA: Wadsworth/Thomson Learning.

Barusch, A. (1994). *Older women in poverty: Private lives and public policies.* New York: Springer.

Bennett, L., & Gates, G. (2004). *The cost of marriage inequality to gay, lesbian, and bisexual seniors: A Human Rights Campaign Foundation report.* Washington, DC: Human Rights Campaign Foundation.

Bullock, K., Crawford, S. L., & Tennstedt, S. L. (2003). Employment and caregiving: Exploration of African American caregivers. *Social Work, 48,* 150–162.

Burton, L. (1992). Black grandparents rearing children of drug-addicted parents: Stressors, outcomes, and social service needs. *The Gerontologist, 32,* 744–751.

Cahill, S., South, K., & Spade, J. (2000). *Outing age: Public policy issues facing gay, lesbian, bisexual, and transgender elders.* Washington, DC: National Gay and Lesbian Task Force Policy Institute.

Chalfie, D. (1994). *Going it alone: A closer look at grandparents parenting grandchildren.* Washington, DC: American Association of Retired Persons Women's Initiative.

Chatters, L. M., & Taylor, R. J. (1993). Intergenerational support: The provision of assistance to parents by adult children. In J. S. Jackson, L. M. Chatters, & R. J. Taylor (Eds.), *Aging in Black America* (pp. 69–83). Newbury Park, CA: Sage.

Choi, N. (2002). Self-defined retirement status and engagement in paid work among older working-age women: Comparison between childless women and mothers. *Sociological Inquiry, 72,* 43–71.

Cox, H., Parks, T., Hammonds, A., & Sekhon, G. (2001). Work, retirement, and well-being. *Journal of Applied Sociology, 18*(1), 131–149.

Cruikshank, M. (2003). *Learning to be old: Gender, culture, and aging.* New York: Rowman & Littlefield.

Dentinger, E., & Clarkberg, M. (1999). *Informal caregiving effects on retirement timing: A life course approach* (BLCC Working Paper No. 99-14). Ithaca, NY: Cornell Employment and Family Careers Institute.

deToledo, S., & Brown, D. (1995). *Grandparents as parents: A survival guide for raising a second family.* New York: Guilford Press.

Dilworth-Anderson, P. (1992). Extended kin networks in Black families. *Generations, 17,* 29–32.

Dilworth-Anderson, P., & Williams, S. (1996). The contexts of experiencing emotional distress among family caregivers to elderly African Americans. *Family Relations: Interdisciplinary Journal of Applied Family Studies, 48,* 391–396.

Doress-Worters, P. (1994). Adding elder care to women's multiple roles: A critical review of the caregiver stress and multiple roles literatures. *Sex Roles, 31,* 597–616.

Duvall, H. (1957). *Family Development.* Oxford, England: Lippincott.

Employee Benefit Research Institute. (1994). *Baby boomers in retirement: What are their prospects?* (Special Report and Issue Brief No. 151). Washington, DC: Author.

Ekerdt, D. J., & Hackney, J. K. (2002). Workers' ignorance of retirement benefits. *The Gerontologist, 42,* 543–551.

Ernest, R., & Hay, J. (1994). The U.S. economic and social costs of Alzheimer's disease revisited. *American Journal of Public Health, 84,* 1261–1264.

Family Caregiver Alliance. (2001). *Fact sheet: Selected caregiver statistics.* San Francisco: Author.

Family and Medical Leave Act, Public Law 103-3 (1993).

Foster, S., & Brizius, J. (1993). Caring too much? American women and the nation's caregiving crisis. In J. Allen & A. Pifer (Eds.), *Women on the front lines: Meeting the challenge of an aging America* (pp. 47–74). Washington, DC: Urban Institute Press.

Foulke, S. R., Alford-Cooper, F., & Butler, S. (1993). Intergenerational issues in long term planning. *Marriage & Family Review, 18,* 73–95.

Fuller-Thomson, E., Minkler, M., & Driver, D. (1997). A profile of grandparents raising grandchildren in the United States. *The Gerontologist, 37,* 406–411.

Gaugler, J., Kane, R. L., & Kane, R. A. (2002). Family care for older adults with disabilities: Toward more targeted and interpretable research. *International Journal of Aging and Human Development, 54,* 205–231.

Glass, J., & Kilpatrick, B. (1998). Financial planning for retirement: An imperative for baby boomer women. *Educational Gerontology, 24,* 595–617.

Goodman, C., & Silverstein, M. (2002). Grandmothers raising grandchildren: Family structure and well-being in culturally diverse families. *The Gerontologist, 42,* 676–689.

Greenberg, J. (1978). *The old age survivors and disability insurance system: A general overview of the social problem* (HS 7094 U.S. Report No. 78-200 EPW). Washington, DC: Health Care Financing Administration.

Gustman, A. L., & Steinmeier, T. L. (1994). Retirement in a family context: A structural model for husbands and wives (NBER Working Paper No. 4629). Retrieved July 9, 2005, from http://www.nber.org/papers/W4629

Harrington-Meyer, M. (2003). Family status and poverty among older women: The gendered distribution of retirement income in the United States. In H. Lopata & J. Levy (Eds.), *Social problems across the life course* (pp. 243–257). New York: Rowman & Littlefield.

Hayes, C., & Parker, M. (1993). Overview of the literature on pre-retirement planning for women. In C. L. Hayes (Ed.), *Women in mid-life: Planning for tomorrow* (pp. 5–8). New York: Harrington Park Press.

Hochschild, A. (1989). *The second shift.* New York: Avon Books.

Hooyman, N., Browne, C. V., Ray, R., & Richardson, V. (2002). Feminist gerontology and the life course: Policy, research and teaching issues. *Gerontology & Geriatrics Education, 22,* 3–26.

Hounsell, C., Humphlett, P., & Lewis, J. (2002). *Your future paycheck: Pay, Social Security, pensions, savings, and investments.* Washington, DC: Women's Institute for a Secure Retirement.

Jamieson, A., Curry, A., & Martinez, G. (2001). *School enrollment in the United States—Social and economic characteristics of students: October 1999* (Current Population Reports P20-533). Washington, DC: U.S. Census Bureau.

Kaden, J., & McDaniel, S. (1990). Caregiving and care-receiving: A double-bind for women in Canada's aging society. *Journal of Women & Aging, 2,* 3–26.

Kim, J., & Moen, P. (2000). Is retirement good or bad for subjective well-being? *Current Directions in Psychological Science, 10,* 83–86.

Kingson, E., Hirshorn, B. A., & Cornman, J. M. (1986). *The ties that bind: The interdependence of generations.* Cabin John, MD: Seven Locks Press.

Kitano, K., & Kitano, H. (1997). The Japanese American family. In C. Mindel, R. Habenstein, & R. Wright (Eds.), *Ethnic families in America* (4th ed., pp. 311–330). New York: Elsevier.

Landry-Meyer, L. (1999). Research into action: Recommended intervention strategies for grandparent caregivers. *Family Relations: Interdisciplinary Journal of Applied Family Studies, 48,* 381–389.

Matire, L., & Stephens, M. (2003). Juggling parent care and employment responsibilities: The dilemmas of adult daughter caregivers in the workforce. *Sex Roles, 48,* 167–173.

Mergenhagen, P. (1994). Rethinking retirement. *American Demographics, 16*(6), 28–34.

Merrill Lynch. (1995). *Confronting the savings crisis: Perceptions and attitudes about retirement and financial planning.* Princeton, NJ: Merrill Lynch Global Securities Research and Economics Group.

Mindel, C. H., & Wright, R., Jr. (1982). Informal and formal health and social support systems of Black and White elderly: A comparative cost approach. *The Gerontologist, 26,* 279–285.

Miner, S. (1995). Racial differences in family support and formal services utilization among older persons: A nonrecursive model. *Journal of Gerontology: Social Science, 50B,* S143–S153.

Minkler, M., & Roe, K. (1993). *Grandmothers as caregivers: Raising children of the crack cocaine epidemic.* Newbury Park, CA: Sage.

Mizio E. (1983). The impact of macro systems on Puerto Rican families. In P. G. Johnson (Ed.), *The psychological development of minority group children* (pp. 216–236). New York: Brimmer/Mozen.

Munnell, A. (2004). *Just the facts on retirement issues.* Boston: Center for Retirement Research.

Murdoch, L. D. (2003, September). *Picking up the tab: Families discuss the financial impact of caregiving.* Oxford, OH: Scripps Gerontology Center.

Orel, N., Ford, R., & Brock, C. (2004). Women's financial planning for retirement: The impact of disruptive life events. *Journal of Women & Aging, 16,* 39–53.

Ozawa, M. (1995). The economic status of vulnerable older women. *Social Work, 40,* 323–331.

Perkins, K. P. (1995). Social [in]security: Retirement planning for women. *Journal of Women & Aging, 7,* 37–53.

Pienta, A. (1999). Early childbearing patterns and women's labor force behavior in later life. *Journal of Women & Aging, 11,* 69–84.

Pienta, A., & Hayward, M. (2002). Who expects to continue working after age 62? The retirement plans of couples. *Journal of Gerontology, 57B*(4), S199–S208.

Price, C. (2000). Women and retirement: Relinquishing professional identity. *Journal of Aging Studies, 14,* 81–101.

Pyke, K. D., & Bengtson, V. L. (1996). Caring more or less: Individualistic and collectivist systems of family eldercare. *Journal of Marriage and the Family, 58,* 379–392.

Quadagno, J. (1988). Women's access to pensions and the structure of eligibility rules: Systems of production and reproduction. *Sociological Quarterly, 29,* 541–558.

Reitzes, D. C., Mutran, E., & Fernandez, E. (1998). The decision to retire: A career perspective. *Social Science Quarterly, 79*(3), 607–619.

Richardson, V. (1999). Women and retirement. *Journal of Women & Aging, 11,* 49–66.

Rodgers, A. Y., & Jones, R. L. (1999). Grandmothers who are caregivers: An overlooked population. *Child and Adolescent Social Work Journal, 16,* 455–466.

Social Security Act, 42 U.S.C.A. § 301 et seq. (1935).

Social Security Administration. (2003). *Early or delayed retirement.* Baltimore: Author.

Social Security Administration. (2004). *Fast facts & figures about Social Security, 2004.* Retrieved July 9, 2005, from http://www.socialsecurity.gov/policy/docs/chartbooks/fast_facts/2004/

Steckenrider, J. S., & Parrott, T. M. (1998). *New directions in old age policies.* Albany: State University of New York Press.

Strauss, J. (1986). The study of American Indian families: Implications for applied research. *Family Perspective, 20,* 337–350.

Streib, G. F., & Schneider, C. J. (1971). *Retirement in American society.* Ithaca, NY: Cornell University Press.

Szinovacz, M. E., & DeViney, S. (1999). The retiree identity: Gender and race differences. *Journal of Gerontology, 54B*(4), S207–S218.

Tam, V., & Detzner, D. (1998). Grandparents as a family resource in Chinese-American families: Perceptions of the middle generation. In H. McCubbin & E. Thompson (Eds.), *Resiliency in Native American and immigrant families* (pp. 243–263). Thousand Oaks, CA: Sage.

Tran, T. (1997). The Vietnamese American family. In C. Mindel, R. Habenstein, & R. Wright (Eds.), *Ethnic families in America* (4th ed., pp. 254–282). New York: Elsevier.

U.S. Bureau of the Census. (1999). *Statistical abstract of the United States: 1999* (119th ed.). Washington, DC: Author.

U.S. Department of Health and Human Services. (1998). *Informal caregiving: Compassion in action.* Washington, DC: Author.

Walker, A. J., Manoogian-O'Dell, M., McGraw, L., & White, D. L. G. (2001). *Families in later life: Connections and transitions.* Thousand Oaks, CA: Pine Forge Press.

Weibel-Orlando, J. (1990). Grandparenting styles: Native American perspectives. In J. Sokolovsky (Ed.), *The cultural context of aging: Worldwide perspectives* (pp. 109–125). Westport, CT: Greenwood Press.

White, T., Townsend, A., & Stephens, M. (2000). Comparisons of African-American and White women in the parent care role. *The Gerontologist, 40,* 718–728.

Wong, M. (1997). The Chinese American family. In C. Mindel, R. Habenstein, & R. Wright (Eds.), *Ethnic families in America* (4th ed., pp. 284–310). New York: Elsevier.

Young, L., & Newman, S. (2004). *Caregiving and retirement planning: What happens to family caregivers who leave the work force?* Washington, DC: Family Caregiver Alliance/National Center on Caregiving.