

The sandwich generation: How do parents of young children divide care when additional informal care needs arise? Evidence from Germany

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Extended Abstract

1. Introduction

Population aging is fundamentally changing care needs and intergenerational care provision, with complex and relatively unknown consequences for gender inequality in caregiving, employment, and well-being. The so-called sandwich generation, typically middle-aged adults who care for young children whilst simultaneously providing informal care to older family, friends, or other loved ones with physical, mental, or aging-related limitations, has received much attention in public debate, but empirical evidence on them remains scarce (Colombo et al., 2011; Hammer & Neal, 2008). Sandwiched caregivers may be at particular risk for experiencing higher caregiving impact, with implications for their financial and personal situations, and overall well-being (Burke, 2017; Lei et al., 2023; Malach-Pines et al., 2009). Compared to non-sandwiched caregivers, they are less likely to stay in employment, and report poorer health and lower life satisfaction (Burke, 2017; Lei et al., 2023; Malach-Pines et al., 2009). In ageing societies such as Germany, this group remains crucial for sustaining labor markets, as well as health care and pension systems. This is particularly crucial given that the large baby boom cohorts are approaching retirement, with the subsequent rise of care needs.

In this study, we highlight the implications of sandwiched caregiving for gender inequality and subsequent well-being. Specifically, we examine gender inequalities within couples with children when they are confronted with additional informal caregiving; that is, adopting a role of simultaneously caring for minor children and additional significant others. Despite increasing preferences for women and men to contribute to care needs more equally, women still take up the majority of childcare, and adjust their lives around care needs (Balbo et al., 2023; Zagheni & Zannella, 2013). Based on mechanisms of specialization and path-dependency, additional informal care responsibilities may thus disproportionately fall on women, widening existing gender gaps in employment and well-being (Bernardi et al., 2019; Luppi & Nazio, 2019). Yet, the onset of informal care could also be a driver of gender equality, as it may facilitate the redistribution of caregiving towards a more equal division of intergenerational care among couples. Accordingly, this paper examines how the onset of informal caregiving reshapes the division of unpaid care within heterosexual couples already engaged in childcare.

We use longitudinal data from 23 waves of the German Socioeconomic Panel Study (GSOEP) from 2001-2023, on 1,390 different-sex couples (12,751 observations) with children under age 18 in the household who start providing informal care. We address two research questions: 1) *How does the division of childcare and total unpaid care change for couples with children, when they start additionally providing informal care?* 2) *How is couples' division of care associated with men's and women's well-being around the onset of informal caregiving?*

Our contribution to the literature is threefold. First, we add to the literature on the gendered division of unpaid care by treating childcare and informal care as interconnected and, at times, overlapping care types, and by zooming in on the understudied group of sandwiched caregivers who

simultaneously provide both. Second, we examine couples' potential to facilitate gender equality within the household through the redistribution of existing and emerging care demands towards a more equal sharing. In the context of rising informal care needs with population aging and individual and societal challenges that may arise, this perspective opens up the potential for informal care to be viewed as a driver of gender equality. Third, by linking differences in within-couple care division to various life satisfaction and mental health outcomes, we provide more nuanced insights into the well-being implications of gender gaps and inequalities in sandwich caregiving.

2. Background and Theory

Concerning **research question 1**, we assess how the onset of additional informal care changes the within-couple gender care gap in total unpaid care, including caregiving for children and informal care. We draw on theories explaining the division of unpaid housework and the division of childcare and focus on three potential outcomes that are predicted by different theoretical mechanisms: 1) a *widening of the gender care gap*, if women primarily take up new informal care while the division of childcare responsibilities within couples remain unchanged, 2) *the care gap remains unchanged* but there is a redistribution of care, for example, if the partner less involved in informal care compensates by taking up more childcare, and 3) a *narrowing of the care gap*, if men take on informal care (e.g., for their own parents) or if women's care tasks are outsourced or shared more equally.

First, a *widening gender care gap* within couples would be predicted by path-dependency mechanisms and theories of specialization. Individuals, typically women, who previously took on more childcare and potentially adjusted their employment and life circumstances to better accommodate caregiving, will also take on more informal care when such needs arise (Bernardi et al., 2019; Carmichael & Ercolani, 2016). The Informal Care Model (Broese Van Groenou & De Boer, 2016) posits that becoming an informal caregiver depends on the emergence of care needs, dispositional factors and context. Regarding the latter, societal gender norms, which also shape gender differences in earnings and bargaining power within couples, often pressure women into the primary caregiver role. This is the case in both upward and downward intergenerational caregiving. Such gender norms suggest that the onset of additional informal caregiving could foster a divided specialization, in which women would focus primarily on unpaid child care and informal care, while men further specialize in paid work. As a result, the within-couple gender gap in total caregiving would increase with the onset of informal caregiving (Hypothesis 1). Even if women have more bargaining power than men in terms of labor market attachment, time-availability, and external resources (e.g., earnings), couples may still be 'doing gender' whereby women take up a larger care share as a means to conform to gendered care-expectations (Finley, 1989; West & Zimmerman, 1987).

Second, a *stable gender care gap*, with potentially shifting shares of child care and informal care, would be predicted by time availability constraints, a household's economic need to sustain two incomes, and by bargaining theories if the two partners have relatively equal earnings. Men might be pulled into providing more care when additional informal care needs arise, if the household cannot afford to lose the woman's paid work and the opportunity costs in terms of earnings are similar for men and women. If the overall care gap remains stable with the onset of additional informal care, a mechanism that may impact how care is distributed is the relationship between the caregiver and the care recipient. Unlike the division of housework or childcare, kinship obligations

play a large role in determining who takes up (more) informal care, particularly when care needs are intensive, potentially overriding previously established divisions of labor (Henz, 2010; Kuhhirt, 2012). Consequently, if informal care needs arise from the male partner's social network, men might decrease their childcare to invest more in informal care, and their female partners would compensate by taking on more childcare, resulting in an overall stable care gap but a redistribution of tasks (Hypothesis 2). Alternatively, if informal care needs arise within the women's social network, their male partners might take on more childcare to free up their female partners' time for the new informal care tasks. This would result in a stable gender gap in total caregiving but potentially greater gender equality in childcare.

Third, a *narrowing gender care gap* at the onset of additional informal caregiving could result from time availability, scheduling conflicts, and economic constraints, and if women's relative resources and earnings exceed men's. Ceiling effects of 24-hour days might come into play, where dispositional factors evidence competing demands in caregiving (Pomeroy & Fiori, 2025). Suppose the household relies on two incomes, and women already provide a large share of care, with little leverage to pile on additional hours. In that case, additional informal care needs might draw men into caregiving, while leaving women's already high care hours unchanged, thus narrowing the gap. Also, the partner with greater autonomy over their working time might take on more informal care tied to specific times of day, such as accompanying someone to a doctor's appointment. Moreover, if care needs arise in the man's social circle, he might take on the larger share of the additional informal care burden, which could also lower the gender care gap in total care if child care is not redistributed (Hypothesis 3).

Even though our data does not allow to identify relationships with care recipients, we can still capture how the *overall* division of care within couples evolves as informal care emerges in couples' lives. This can still inform whether, on average, new care demands lead to a redistribution or even narrowing of the gender gap, or to the accumulation of care burden.

Concerning **research question 2**, we assess how within-couple gender gaps in care provision are associated with life satisfaction and mental health outcomes for men and women. On the one hand, specialization might increase the life satisfaction of men and women by reducing role strain as they adopt gender-typical roles and avoid juggling dual roles as caregivers and earners. On the other hand, specialization might particularly reduce women's life satisfaction and mental health, if they are responsible for multiple care needs alone, and reduce rewarding paid work and sacrifice their economic independence and leisure opportunities. Yet, women seem to report similar levels of health satisfaction and quality of life than their male counterparts, despite spending more time with care and in more diverse tasks (Pacheco Barzallo et al., 2024). A more balanced sharing of unpaid care may positively impact life satisfaction and mental health for both partners, even as the total caregiving impact increases, by reducing perceived unfairness and strengthening the sense of mutual support. In fact, secondary stressors (i.e., relational and financial problems) are the major drivers for caregiving impacts on well-being, which could be offset with a reduction of the care gender gap (Swinkels et al., 2019). In the following steps, we will further elaborate on potential theoretical mechanisms that connect narrowing, stable, or widening gender care gaps at the onset of informal care (research question 1) to men's and women's well-being (research question 2).

3. Sample and Methods

We use data from the German Socio-Economic Panel (SOEP), a representative, longitudinal household survey repeated annually since 1984. The GSOEP collects information on socio-demographic characteristics, employment, income, education, health, and caregiving activities of persons living in private households in Germany, and enables linking household members across survey waves through identifiers. We use waves 2001–2023,¹ as information on informal care hours is available only from 2001 onwards, and we include cohorts born between 1933 and 2001. Our preliminary sample consists of 1,390 different-sex couples (12,751 observations) living together with at least one child under 18 in the household throughout the observation window. We restricted the sample to couples with non-missing data on both partners' childcare and informal care hours. Thereby, childcare hours at the couple-level had to be present before informal care started, as we examine how the unpaid care division changes with the onset of informal care, for couples who *become* sandwiched. In addition, couples had to have at least one observation with childcare hours within 1 to 3 years before informal care onset, and at least one observation of unpaid care hours in the year of informal care onset or within the 3 years afterwards.

Our outcome variable for the first research question indicates how the relative share of unpaid care among couples' changes around the onset of informal care. This approach allows for comparability across couples with different total care hours, and aligns with our goal of assessing whether the onset of informal care may facilitate redistribution (towards similar or more equal sharing) or specialization (towards less equal sharing) among couples. However, the *relative share* measure also has its limitations, as it cannot account for the absolute care load. To address this, we also examine changes in *absolute care hours* for women and men individually, as well as changes in the *within-couple care hours gap*. Considering both relative and absolute measures allows for a more nuanced interpretation of (gendered) changes in care division. To construct these variables, we used of the question asking how many hours the person spends on (a) childcare (0-24), and on (b) care and support for persons in need of care (0-24), during a typical weekday.

To calculate the *relative care-share* for each couple, we divided women's care hours by the sum of women's and men's care hours for a gender-sensitive interpretation (Nisic & Trübner, 2024; Schober, 2012). This referred to the relative share of childcare hours prior to the onset of informal care and to the relative share of unpaid care (i.e., the sum of childcare and informal care hours) once informal care was observed. A value of 0.5 indicated equal division, while values below 0.5 indicated a higher contribution for men (with '0' meaning that men care fully). In contrast, values above 0.5 indicated that women contributed more (with '1' meaning that women care fully). For *absolute care hours* at the individual level, we summed childcare and informal care hours for each year. For the *within-couple care hours-gap*, we subtracted the woman's total unpaid care from the man's total unpaid care hours, whereby (-) indicates a narrowing, and (+) a widening of the within-couple gender care gap.

For our second research question, the independent variable will be a measure of (un)equal division of unpaid care, and outcome variables will consist of various well-being measures, including life satisfaction, physical and mental health. Life satisfaction is measured with a validated scale following the question "*How satisfied are you with your life, all things considered?*", where individuals answer on a 11-point scale ranging from 0 "*completely dissatisfied*" to 10 "*completely satisfied*". Physical and mental health are measured with the SF-12 physical (PCS) and mental

¹ The 2023 wave will be added once accessed.

(MCS) indexes. The SF-12 consists of 12 items where respondents rate different aspects of their health (6 more physical and 6 more mental) have impacted their recent daily life. Scores are added and normalized separately in the PCS and MCS (ranging 0 – 100), with higher values indicating better health.

4. Preliminary Results

Below, we show preliminary results for our first research question. Descriptive statistics across all observations showed that women spend a median of 5 hours per weekday on childcare, compared to 2 hours among men. Similarly, while substantially lower than for childcare, women provided more hours of informal care than men.

Figure 1a shows men's and women's *absolute child care* hours per weekday three years before and three years after the onset of additional informal care from fixed effects regression, estimating within-person changes in men's and women's absolute care hours. Figure 1b shows men's and women's *absolute total care hours*, including child care and informal care at the onset of additional informal care. Preliminary results showed that childcare hours, in particular for women, reduced over time from on average 7.5 hours per day three years before the onset of informal care to 5 hours per day three years after (Fig 1a). In contrast, on average, men's childcare hours remained more stable decreasing from 2.5 house per day three years before the onset of informal care to 2 hours per weekday day three years after (Fig. 1a). Total absolute care hours of men and women peak in the year of onset of informal care from 6 to 8 hours per day for women and from about 2 to 3 hours for men. Hence, the temporary increase in *total care* hours around the onset of informal care reflects informal care taken up by both women and men (Fig. 1b).

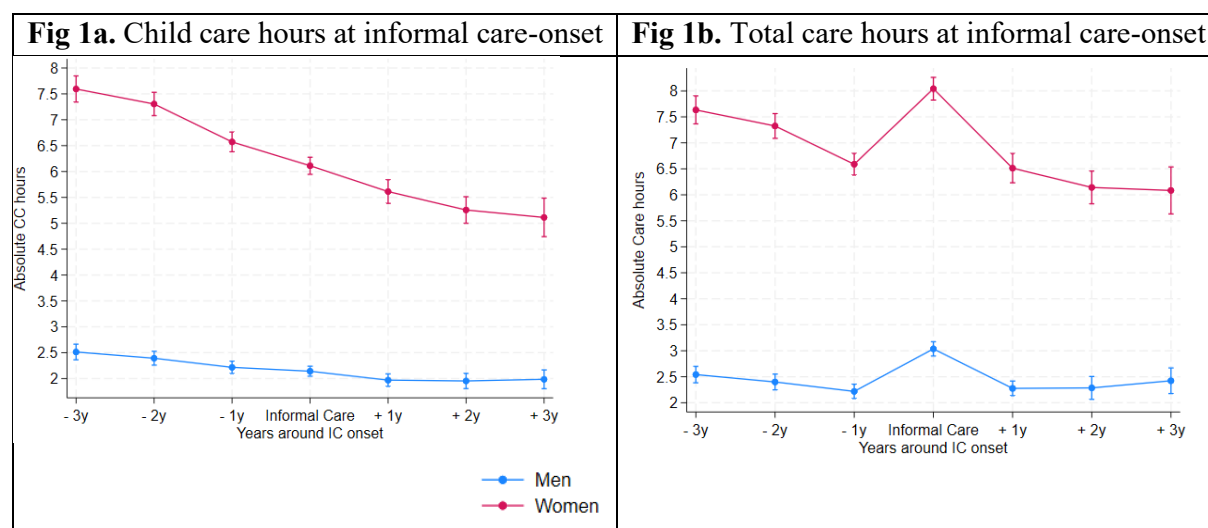
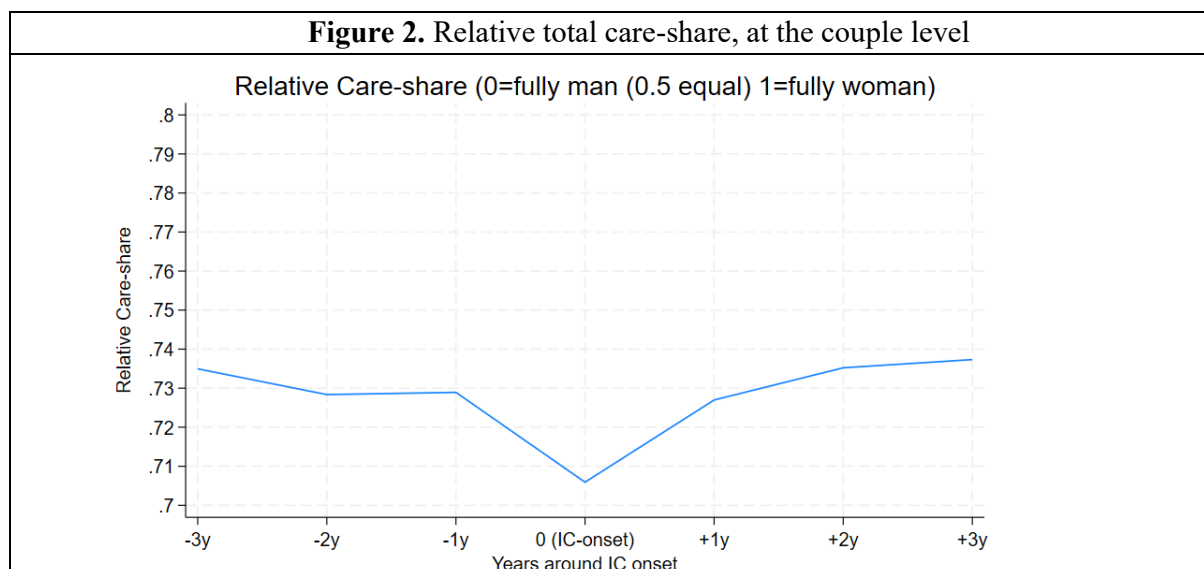


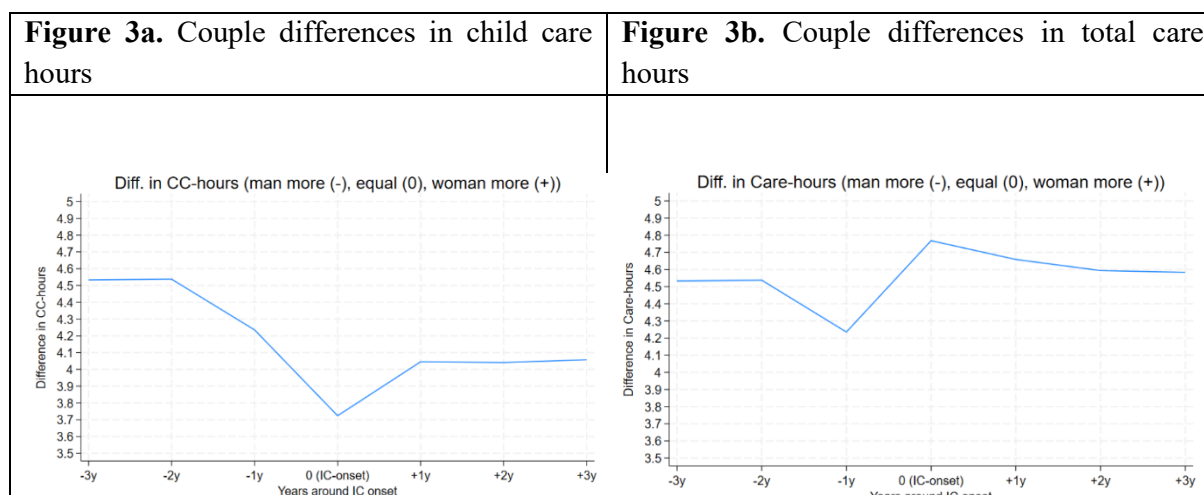
Figure 2, 3a and 3b show the division of care at the couple-level. Women's relative share of *childcare* (values above 0.5 indicate a higher share for women) declines slightly from 73.5% three years before informal care onset, to 70.6% at onset, rising again to 73.9% three years later (not shown here). The same pattern is observed for *total care share* (Fig. 2), suggesting a temporary and slight redistribution of responsibilities during the uptake of informal care. These patterns might suggest that as informal care needs arise, men may be taking over some of the childcare – however,

as seen in Figure 1a, average childcare hours for men suggest otherwise. Hence, as informal care emerges, some portion of the childcare previously provided by women may be outsourced (e.g., increase hours in day-or afterschool care), or childcare may be reduced altogether. Men, rather than increasing their childcare hours, likely take up (some of the) informal care, while women take up informal care and reduce their childcare, potentially outsourcing some of it, or concentrating only on more vital tasks.



Another possibility is that some of the childcare the couple previously did together, like playing games, may be taken up solely by men, indicating a way to redistribute the care load that aligns with our preliminary findings. Alternatively, the reduction in childcare hours before informal care onset may actually be the reason why informal care is taken up: once childcare becomes less care-intensive, some (few) hours may more readily be dedicated to informal care.

This is also supported by the change we see in the *care hours-gap* between couples over time (Fig. 3a-b). Differences in care hours among partners narrow for childcare, but widen for total care, consistent with women taking on most of the new informal care hours (and reducing some of their previous childcare) and men taking up some (but to a lesser extent) of the informal care.



Overall, concerning research question 1 on changes within a couple of divisions of care with the onset of informal care, our preliminary findings suggest that the immediate onset of informal care *narrows the within-couple gender care gap* in total care hours (Hypothesis 3 above), especially in the short term and for child care. In the longer term, however, within-couple gender gaps in total caregiving among the sandwich generation appear to stabilize at a level similar to before the introduction of additional informal care, where both men and women take on some of the additional informal care burden (Hypothesis 2 above). Our preliminary findings do not suggest a massive increase in gender inequality in total caregiving as would have been predicted by specialization (Hypothesis 1 above).

5. Outlook and next steps

The sandwich generation - typically middle-aged adults who care for minor children and elderly relatives - is of growing concern against the backdrop of population aging and rising future care needs across Europe. In this study, we zoom in on the implications of sandwiched care for gender inequality in caregiving and ensuing well-being outcomes for men and women. Preliminary analyses from fixed effects regressions using longitudinal couple-level data from the German Socioeconomic Panel (GSOEP) show that the onset of sandwiched care has some potential for reducing within-couple gender care gaps at least in the short-term, at the immediate onset of additional informal care. In the next steps of the analysis, we will further scrutinize these preliminary findings by adding control variables and conducting robustness checks, and by estimating additional models to address research question 2 and examine how changing gender divisions of care at the onset of informal care relate to men's and women's well-being outcomes.

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