Concomitant Care: Women's Dual Caregiving for Ageing Parents and Dependent Children in Akwa Ibom State, Nigeria

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Abstract
Many women, at certain stages of their life cycle, occupy multiple caregiving roles simultaneously. This study examined the perceptions of women who provide care for co-resident ageing parents, while simultaneously caring for dependent children, the factors that predict their involvement in this practice, and its impact on family relationships and wellbeing. Two research questions and four hypotheses guided the study. A survey research design was adopted. The population comprised women aged 35 years and above. A multi-stage sampling technique was used, and 372 respondents who met the inclusion criteria formed the final sample. Data were collected using a self-developed and validated structured questionnaire and analysed using both descriptive and inferential statistics. Results revealed that 52% of the respondents, in addition to caring for their dependent children, were sole primary caregivers for co-resident ageing parents, while only 42% received financial and emotional support from siblings. Factors influencing women's involvement in concomitant care, in order of importance, were: socio-cultural norms/values, religious/spiritual beliefs, love/emotional attachment, filial obligation norms, gender ideology/roles, and reciprocity. Challenges associated with concomitant caregiving included physical stress, space constraints, financial burden, spousal conflicts, work-role conflict, loss of independence, and self-neglect. Hypotheses testing revealed that income level did not significantly predict involvement in concomitant care, whereas educational level, marital status, and employment status were significantly related. The study concludes that elder care in Akwa Ibom State occurs largely within the family, and is predominantly undertaken by women alongside childcare responsibilities, irrespective of their income, educational, marital, or employment status. Given the current economic realities in Nigeria, the quality of care for the elderly may be compromised as women prioritize care for their children. It was recommended that women engaged in concomitant caregiving should avoid self-neglect and adopt healthy lifestyle practices including good nutrition, regular exercise, and adequate rest, while government should provide social security for the elderly to cushion the financial burden of concomitant care.

***Keywords:** * Concomitant care, caregivers, ageing parents, dependent children, wellbeing, Akwa Ibom State.*

Introduction

Family caregiving of older family members has been the norm in most parts of Nigeria such as Akwa Ibom state. This practice has been culturally ingrained and expected considering the facts

that elderly care services, outside the family, are scarce or virtually non-existent. Even in developed countries where facilities are available, older adults increasingly rely on family members to provide care for them (Clark, 2002). In Akwa Ibom State, ageing parents desire that family members care for them and families provide the majority of long-term care to elderly relatives. Research indicates that family members tend to provide as much as 80 percent of in-home care for elder relatives with chronic impairments (Dwyer, 1995; Dwyer, Folts, & Rosenburg, 1994). *National Academy on an Aging Society* (2000) reported that seventy-five percent of elders with a chronic disability rely on adult children for assistance with basic activities of daily living. In Akwa Ibom State, in-home care is extended to elder relatives whether they have chronic impairment or not, and such care often is given in addition to caring for dependent children. Many women who are involved in this practice tend to be those in their middle age, although in some circumstances concomitant care can set in earlier and last longer than middle age. Concomitant care among Akwa Ibom women can last longer than middle age because generally caregiving cuts across the life course and significantly remains women's responsibility, despite women's increased labor force participation (Allen & Barber, 1994; Ferree, 1990; O'Connor, 1996). Women perform the majority of informal eldercare (Brody, 1985; National Alliance for Caregiving, 1997), often in addition to engaging in childcare and paid work (Dwyer & Coward, 1992). The focus of this study is to identify some factors that could motivate middle aged Akwa Ibom women to engage in simultaneous elder and childcare.

According to Evandrou and Glaser (2002), mid-life is potentially a time of multiple role demands from children, from parents and from employment. Multiple roles compete for the limited time and energy of the caregiver, sometimes engendering psychological distress (Brody, 1981, 1990). In some age categories, two different kinds of caregiving activities are required simultaneously: care provided to aging parents who begin to suffer from functional limitations and care for the individual's own children (Rubin & White-Means, 2009). Neal and Hammer (2007) found that 9% to13% of dual-earner couples in U.S. households with at least one adult aged 30 or greater care for both children and frail or disabled parents. In Akwa Ibom State, it is not uncommon to find households with women caring for both children and dependent parents even if the women have no source of steady income, hence the need for a study on this practice.

A report by Family Caregiving Alliance (2005) indicates that a significant number of aging parents receive care at home from adult daughters. No aging parents are left in nursing facilities in Akwa Ibom State. All are cared for in the home and generally either by their daughters or daughters' in-law. Male children undertake such responsibility in few or limited circumstances. The peak ages for caring for aged parents and parents-in-law ('parent care') have been suggested to be between 45 and 54 years old, for both men and women (Agree, 2003), although in some cultures, as noted above, such care could be normative earlier than or beyond these ages so long as one's aged parents or parents-in-law are still alive. This group of caregivers are sometimes called sandwiched generation.

Adults who are part of the sandwiched generation—that is, those who have a living parent aged 65 or older and are either raising a child under age 18 or supporting a grown child—are pulled in many directions. Parker and Patten (2013) maintain that not only do many provide care and financial support to their parents and their children, but nearly four-in-ten (38%) say both their grown children and their parents rely on them for emotional support; and the financial burdens associated with caring for multiple generations of family members could be heavy.

The amount of time invested in the care of ageing parents depend on the health of the parents. Parents who need help or who cannot be left alone receive support much more often than parents

for whom no health problems are reported (Gameren & Naranjo, 2015). Also differences by social class and education may be expected in the prevalence and timing of two-way cares (Agree, 2003). Many women play the dual caregiving role to fulfil their filial duty to parents based on culturally prescribed norms, while others simply may not have any other care option for their parents. For instance, participants in a study by Kant and Falconier (2017) reported being raised with the expectation that they or their siblings would one day take care of their parents, and related the expectation to the cultural value of filial piety, by which parents take care of children when they are young, and children take care of parents when they become adults. Many other researchers have proffered some explanations for the tendency of women's involvement in caregiving work, such as the persistent gender inequality due to the gender division of paid and unpaid labor and traditional gender norms, expectations, and stereotypes (Ferree, 1990; O'Connor, 1996; Guberman, Maheu, & Maille, 1992). Others stress the reciprocal nature of intergenerational relationships over the life course and adult children's desire to "give back" to their parents (AARP, 2001; Bengtson, et al., 1996). Most people in American society, for instance, feel that an individuals' decision to become a caregiver stems from the affection one has toward his or her parents (Finley, 1989). Millward (1998) reported that marital status may play a role in taking responsibility for parents and that individuals who do not live with a spouse or partner were more likely to take on the primary caring role (23 percent) than were the others (12 percent).

Women in simultaneous care experience so many challenges and may be exposed to various risks in many areas of life. Heffernan (2007) observed that providing day-to-day and even minute-to-minute care for an aging parent can be tremendously stressful as caregivers may suffer symptoms so severe that they themselves become known as "hidden patients" and fail to notice the signs of stress in their own lives. Research shows that caregiving negatively affects relationship satisfaction (Loomis & Booth, 1995), parenting, and health-related quality of life (Hughes et al., 1999). Also, it has been revealed that adults who work and care for multiple generations simultaneously tend to experience more burnout than others (Pines, Neal, Hammer, & Icekson, 2011). Lower levels of physical and emotional wellbeing have also been noted in caregivers of elderly people living at home, while there are concerns of privacy, autonomy and security for elderly care recipients (Howe & Sehofield 1996). Bergquist et al. (1993) also found that caring for aged parents placed a strain upon those in their fifties and sixties because of the competing family priorities experienced at this time of life.

In the study by Kanti and Falconier (2017) participants described two challenges; decreased independence and sadness and frustration at seeing parents' decreased capabilities; and how they sacrificed certain freedoms and aspects of independent living in order to accommodate their parents. Moreover, almost all of the participants agreed that caring for their parents had limited their sense of independence. Number of parent care hours has also been positively associated with caregiver burden and depressive symptoms and negatively associated with emotional health (Lee, Walker, & Shoup, 2001). Scharlach (1994) found that combining work and parent care responsibilities led to conflict among caregivers' work, family, and personal roles, such that the caregivers reported having little time or energy available to meet the demands of any of their roles. Despite the involvement of middle-aged women in simultaneous care of children and ageing parents in Akwa Ibom State, Nigeria, empirical research on why they take up such responsibilities and the challenges they face in the course of simultaneous care appears to be lacking, hence the need for this study.

Objectives of the study

The general objective of the study was to examine the perception of women who concomitantly provide care for ageing parents and dependent children. The specific objectives were:

1. To determine the demographic characteristics of the respondents
2. To determine the factors that influence the involvement of women in concomitant care of children and ageing parents in Akwa Ibom state, Nigeria
3. To identify the challenges faced by women involved in concomitant care of children and ageing parents in Akwa Ibom state, Nigeria

Research Questions

1. What factors influence the involvement of women in concomitant care in Akwa Ibom State, Nigeria?
2. What are the challenges or risks faced by women involved in concomitant care in Akwa Ibom State, Nigeria?

Hypotheses

1. There is no significant relationship between educational level and involvement of women in concomitant care of children and ageing parents and in Akwa Ibom State.
2. There is no significant relationship between income and involvement of women in concomitant care of children and ageing parents in Akwa Ibom State.
3. There is no significant relationship between employment status and involvement of women in concomitant care of children and ageing parents in Akwa Ibom State.
4. There is no significant relationship between marital status and involvement of women in concomitant care of children and ageing parents in Akwa Ibom State.

Methodology

The study adopted the survey research design. The study area was Akwa Ibom State, one of the 31 states in Nigeria. The population comprised women, aged 35 and above who were currently involved in concomitant care. Multi-stage sampling technique was employed in sample size selection. The first stage involved random selection of two out the three senatorial districts in Akwa Ibom State. The second stage involved random selection of six local government areas, three each from the two senatorial districts. In the third stage, 31 villages including the local government headquarters were selected from the local government areas selected. In the last stage, 12 respondents were sampled using convenience and snowballing methods from the selected villages. 372 women were surveyed out of whom 150 who finally met the criteria for selection formed the study sample. Self-developed structured questionnaire was used for data collection. The questionnaire had three sections. Section A elicited information on demographic characteristics of respondents and involvement in concomitant care. Section B and C covered questions on the reasons for involvement and challenges of concomitant care respectively; and contained four point rating scale questions of strongly agree (SA), agree (A), disagree (D) and strongly disagree (SD). The researcher and trained assistants administered the instrument by hand to the respondents in their homes, work place or places of business. The respondents were required to complete the questionnaire and return on the spot. The questionnaire was interpreted into local dialects for non-literate respondents, and their responses were ticked appropriately. Administration of the instrument lasted for six weeks. 150 valid copies of completed questionnaires were returned. Data collected were analyzed using descriptive and inferential statistics.

Results

Table 1: Demographic characteristics of respondents

Demographic Variables	Frequency	Percentage
Age groups		
35 - 39	19	12.7
40 - 44 years	44	29.3
45 - 49 years	29	19.3
50 - 54 years	30	20.0
55 - 59 years	19	12.7
60 years and above	09	6.0
Total	**150**	**100**
Educational level of the respondents		
No formal Education	10	6.7
Primary Education	14	9.3
Secondary Education	43	28.7
Diploma/National Certificate in Education(NCE)	36	24.0
First Degree and above	47	31.3
Total	**150**	**100**
Marital Status of the respondents		
Married	78	52.0
Widow	40	26.7
Single - Never married	21	14.0
Single – Divorced	11	7.3
Total	**150**	**100**
Employment Status		
Working full time	67	44.7
Full time housewife	15	10.0
Income generating	54	36.0
Retired	14	9.3
Total	**150**	**100**
Monthly Income of the respondents		
Less than #20,000	28	18.7
#20,000 - #39,000	26	17.3
#40,000 - #69,000	37	24.7
#70,000 - #100,000	32	21.3
#100,000 - #200,000	12	8.0
#200,000 and above	15	10.0
Total	**150**	**100**
Place of residence		
Urban area	98	65.3
Rural area	52	34.7
Total	**150**	**100**
Duration of co-residence of ageing parents/in-law	31	20.0
Less than one year	104	69.3
1 – 5 years	15	10.0

6 – 10 years	**150**	**100**
Total		
Support/ help from siblings/family members	78	52.0
Yes	72	48.0
No	**150**	**100**
Total		
Kind of support/ assistance received	**63***	**42**
Financial	**65***	**43.3**
Physical help in care	**69***	**46.0**
Emotional support	**71***	**47.3**
Moral support		
*Multiple responses		

Table 1 on demographic characteristics of respondents shows that majority (81.3%) were between 40 – 60 years of age. This means that majority of the respondents were in their middle age. On educational attainment, the result shows that 93.3% of the respondents had received formal education compared to 6. 7 % with no formal education. 55.3% of the respondents had educational qualifications above the secondary school level. Distribution on marital status indicate that 52% of the respondents were married, 26.7 widows, 14% single, never married and 7.3% divorced. Employment status shows that 44.7 were in full time employment, 36% were engaged in various income generating activities, 10% full time house wives and only 9.3% had retired from employment. Results on income reveals that 18.7% of the respondents earned less that #20,000 a month, and only 10. 0% earned as much as #200,000 and above a month. 65.3% of the respondent reside in urban areas, while 34.7% reside in rural areas of the state. Duration of having ageing parents in co-residence indicate 20.7% residing for less than a year, 69.3% had resided for between 1 – 5 years and 10% for 6 – 10 years. 52% of respondents received support in co-residence concomitant care of ageing parents and dependent children, out of which only 42% received financial help/support. All the respondents had lived in dependent child/children to qualify for inclusion in the study.

Research question 1: What factors influence the involvement of women in concomitant care in Akwa Ibom State, Nigeria?

Table 2. Reasons for involvement in simultaneous care

S/N	Items	SA	A	D	SD	Mean	Rank
1	Religious teachings / beliefs	60*(40.0)**	79*(52.7)**	11*(7.3)	-	3.33	4
2	Emotional attachment to parents	60 (40.0)	73 (48.7)	14 (9.3)	3(2.0)	3.27	5
3	Socio – cultural norms/ practice	102 (68.0)	48 (32.0)	-	-	3.68	1
4	Having much money to spend on concomitant care	-	-	48(32.0)	102(68.0)	1.32	10
5	Prescribed community gender roles	58 (38.7)	75 (50.0)	7 (4.7)	10 (6.7)	3.21	6

6	Setting example for own children	18 (12.0)	76 (50.7)	52 (34.7)	4 (2.7)	2.72	7
7	Reciprocity	89 (59.3)	48 (32.0)	10 (6.7)	3 (2.0)	3.49	2
8	To avoid shame	10 (6.7)	61 (40.7)	52 (34.7)	27 (18.0)	2.36	9
9	Filial obligation/duty	82(54.7)	51 (34.0)	14 (9.3)	3 (2.0)	3.41	3
10	No other care option	27 (18.0)	52 (34.7)	66 (44.0)	5 (3.3)	2.67	8

Note: * and ** = frequencies and percentages.

Table 2 reveals the reasons proffered by respondents for being involved in concomitant care. These include in order of importance; sociocultural norms/ practice, reciprocity, filial obligation/duty, religious teachings / beliefs, emotional attachment to parents, community gender roles and setting example for own children. The respondents disagreed to involving in concomitant care because of having much money.

Research Question 2: What are the challenges or risks faced by women involved in concomitant care in Akwa Ibom State, Nigeria?

Table 3: Challenges involved in concomitant care

S/N	Items	SA	A	D	SD	Mean	Rank
1	Increased conflict	43*(28.7)**	52*(34.7)**	31*(20.7)**	24*(16.0)**	2.76	8
2	Self-neglect	35 (23.3)	97(64.7)	14 (9.3)	4 (2.7)	3.09	3
3	Physical stress	118 (78.7)	23 (15.3)	5 (3.3)	4 (2.7)	3.70	1
4	Loss of independence	35 (23.3)	76 (50.7)	36 (24.0)	3 (2.0)	2.95	6
5	Accommodation problems	28 (18.7)	81 (54.0)	21 (14.0)	20 (13.3)	2.78	7
6	Family – work/business role conflict	43 (28.7)	79 (52.7)	18 (12.0)	10 (6.7)	3.03	4
7	Financial burden/ challenges	41(27.3)	90 (60.0)	17 (11.3)	2 (1.3)	3.13	2
8	Less involvement in religious activities	-	33 (22.0)	99 (66.0)	18 (12.0)	2.10	10
9	Decrease quality of time spent with husband and children	39 (26.0)	79 (52.7)	21 (14.0)	11 (7.3)	2.97	5
10	Shrinking of social contacts	3 (2.0)	52 (34.7)	71 (47.3)	24 (16.0)	2.33	9

Note: * and ** = frequencies and percentages

Table 4 on the challenges faced by women who engage in simultaneous care shows that the most pressing challenge reported by the respondents was physical stress, followed by financial burden/ challenges, self-neglect, family – work/business role conflict, decrease quality of time spent with husband and children, loss of independence, accommodation problems, and increased family conflict. Less involvement in religious activities was not considered a challenge with the means below 2.5.

Research Hypotheses

Ho 1: There is no significant relationship between educational level and involvement of women in concomitant care of children and ageing parents and in Akwa Ibom State.

Table 4: Relationship between educational level and involvement of women in concomitant care of children and ageing parents and in Akwa Ibom State.

		Involvement in concomitant care
Educational Status	Pearson Correlation	0.199
	Sig. (2 – tailed)	0.015**
	N	150
Involvement in concomitant care	Pearson Correlation	1
	Sig. (2 – tailed)	-
	N	150

Note: ** = Correlation is significant at 0.05 level (2 – tailed)

Table 4 shows that the Correlation, *r*, is significant at 0.05 level, showing a positive relation between educational level of respondents and involvement in concomitant care. That means that the more educated the respondents, the more their involvement in concomitant care.

Ho2: There is no significant relationship between income and involvement in concomitant care.

Table 5: Relationship between income and involvement in concomitant care

		Involvement in concomitant care
Income	Pearson Correlation	0.069
	Sig. (2 - tailed)	0.404
	N	150
Involvement in concomitant care	Pearson Correlation	1
	Sig. (2 - tailed)	-
	N	150

Note: Not significant

Table 5 on the relationship between income and involvement in concomitant care shows that the Correlation, *r*, is not significant. This mean that income level does not predict involvement in concomitant care.

Ho 3: There is no significant relationship between employment status and involvement in concomitant care.

Table 6: Relationship between employment status and involvement in concomitant care

		Involvement in concomitant care
Employment Status	Pearson Correlation	0.322
	Sig. (2 – tailed)	0.000***
	N	150
Involvement in concomitant care	Pearson Correlation	1
	Sig. (2 – tailed)	-
	N	150

Note: *** = Correlation is significant at the 0.01 level (2 – tailed)

Table 6 on the relationship between employment status and involvement in involvement in concomitant care shows that at 0.01 level, the Correlation, *r*, is significant. This means that employment status is significantly related to involvement in concomitant care.

Ho4: There is no significant relation between marital status and involvement in concomitant care.

Table 7: Relationship between marital status and involvement in concomitant care

		Involvement in concomitant care
Marital status	Pearson Correlation	0.301
	Sig. (2 – tailed)	0.000***
	N	150
Involvement in concomitant care	Pearson Correlation	1
	Sig. (2 – tailed)	-
	N	150

Note: *** = Correlation is significant at the 0.01 level (2 - tailed)

Table 7 shows that correlation is significant 0.01 level. This means that there is significant relation between marital status and involvement in concomitant care. This means that married women are likely to be involved more in concomitant care than non – married women.

Discussion

The findings of the study revealed that majority of respondents were in their middle age (40 – 60) years), had received formal education, were married, were either in full time employment or engaged in various income generating activities, earning less than #20,000 (twenty thousand Naira) and as much as #200,000 (two hundred thousand Naira) a month; and resided in urban areas and rural areas of the state. This is in support of Evandrou and Glaser (2002), who observed that mid-life is potentially a time of multiple role demands from children, from parents and from employment. Agree (2003) posited that the peak ages for caring for aged parents and parents-in-law (‘parent care’) have been suggested to be between 45 and 54 years old, for both men and women. The findings of the study revealed that majority of the respondents primarily cared for ageing parents in co-residence, while also caring for dependent children for between 1 – 5 years. Out of these, only 52% claimed to have received support from other siblings and relatives. The most form of support received was moral support, followed by emotional and physical support. Only 42 % of respondents received financial support.

The findings of the study revealed the factors that motivate middle aged Akwa Ibom women to engage in simultaneous elder and childcare. These include; sociocultural norms/ practice, reciprocity, filial obligation/duty, religious teachings / beliefs, emotional attachment to parents,

community gender roles and setting example for own children. The finding goes to confirm the cultural norm where all the elderly parents are cared for at home generally either by their daughters or daughters' in-law, with none or extremely negligible number being left in nursing homes — nursing homes for elderly people outside the only one recently built in Uyo by the state government are virtually none existent in other parts of the state. This is in line with Kant and Falconier (2017) who reported that care of aging parents was related to the cultural value of filial piety, by which parents take care of children when they are young, and children take care of parents when they become adults. Finley (1989) observed that an individuals' decision to become a caregiver stems from the affection one has toward his or her parents. This finding is also in support of other researchers who have proffered some explanations for the tendency of women's involvement in caregiving work, such as the persistent gender inequality due to the gender division of paid and unpaid labor and traditional gender norms, expectations, and stereotypes (Ferree, 1990; O'Connor, 1996; Guberman, Maheu, & Maille, 1992). This finding of this study has revealed that religious teaching and beliefs also motivated women involvement in simultaneous care. This is in support of Walsh (2012) who observed that meaningful spiritual beliefs and practices can strengthen families and prepare them for the challenges they might encounter in the future.

Challenges faced by women who engage in simultaneous care as revealed in the finding of the study shows that the most pressing challenge reported by the respondents was physical stress, followed by financial burden/ challenges, self-neglect, family-work/business role conflict, decrease quality of time spent with husband and children, loss of independence, accommodation problems, and increased family conflict. This finding is tandem with the study by Kanti and Falconier (2017) whose participants described two challenges; decreased independence and sadness and frustration at seeing parents' decreased capabilities; and how they sacrificed certain freedoms and aspects of independent living in order to accommodate their parents. Another study revealed that adults who work and care for multiple generations simultaneously tend to experience more burnout than others (Pines, Neal, Hammer, & Icekson, 2011). The study by Scharlach (1994) found that combining work and parent care responsibilities led to conflict among caregivers' work, family, and personal roles, such that the caregivers reported having little time or energy available to meet the demands of any of their roles. The finding of this study is also in support of other studies which showed that caregiving negatively affects relationship satisfaction (Loomis & Booth, 1995), parenting, and health-related quality of life (Hughes *et al*., 1999).

Findings of the study upheld the hypothesis of no significant relationship between income and involvement in concomitant care. This implies that in Akwa Ibom state Nigeria, income level does not predict involvement in concomitant care of ageing parents and dependent children. Women engage in the care of their aging parents in addition to caring for their own dependent children irrespective of their income. This could pose serious financial burdens to low income earners as the costs implications of elderly care are enormous, coupled with care of dependent children. Parker and Patten (2013) maintain that financial burdens associated with caring for multiple generations of family members could be heavy.

The finding of this study on the hypotheses of no significant relationship between educational level, marital status and employment status; and involvement in concomitant care were rejected. Contrary to expectation educational level, marital status and employment status were significantly related to involvement in concomitant care of ageing parents and dependent children. This may be due to the fact that majority of the respondents had formal education (93.3%), were married (52%); and were in full time employment (44%) or involved in income generating activities (36%), while (65.3%) resided in the urban area. This finding is in support of Agree (2003) who revealed that

differences by social class and education may be expected in the prevalence and timing of two-way cares. The finding further indicates that marital status does play a role in simultaneous care of elderly parents and dependent children. However, unlike Millward (1998) who reported that individuals who do not live with a spouse or partner were more likely to take on the primary caring role (23 percent) than were the others (12 percent), the result reveals the opposite: middle aged women in Akwa Ibom State who are married actually care for their elderly parents and dependent children concomitantly at home.

Conclusion and Recommendations

The study concludes that care for aging parents in Akwa Ibom state takes place within the family and that most often, women take up such responsibilities in addition to caring for their children. It goes to confirm the cultural norm where all the elderly parents are cared for at home generally either by their daughters or daughters' in-law, with none or very negligible number being left in the care of others. Women have been found to engage in simultaneous care of ageing parents and dependent children, regardless of their income. The quality of such care offered to ageing parents may however be compromised due to the current poor economic situation, as women may likely focus more on their dependent children. The findings of the study have implications for family care and relationships and raise the need for balance in self-care and care for others among women. In addition, it calls for government involvement in elderly care, for example, by providing social security for the elderly to cushion financial effects of concomitant care. Moreover, full time female workers involved in concomitant care should be allowed flexible work hours to reduce the family care/work role conflicts faced by such women. Formal and informal support programs should be put in place to support women caregivers, especially those struggling at work and at home.

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