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Editorial

Women as Carers of Family Members with Dementia

Evridiki Papastavrou[1]*, PhD

[1]Department of Nursing, School of Health Sciences, Cyprus University of Technology, Cyprus

Corresponding author:* Evridiki Papastavrou, PhD; Department of Nursing, School of Health Sciences, Cyprus University of Technology, Cyprus. **Tel: +357-99545021; **Email:** e.papastavrou@cut.ac.cy

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Caring for a family member with dementia is a demanding and often emotionally taxing responsibility. The gendered nature of dementia caregiving is well-documented, with the burden disproportionately falling on women, who continue to serve as primary caregivers in both formal and informal care settings (1). Despite progress in gender equality, caregiving remains a gendered role, shaped by cultural expectations, social norms, and systemic inequities. It is also influenced by caregivers' perceptions of support and role expectations (2-4). A recent review emphasized that gender stereotypes related to the feminine nurturing role further disadvantage women, as these stereotypes influence caregiving arrangements, the strategies and resources available to manage the burden, and caregivers' ability to adapt to this new role positively (5).

Gender norms influence not only expectations around caregiving but also the distribution of labor, placing a heavier burden on women (6). Women in caregiving roles frequently experience significant disruptions to their personal and professional lives. Many reduce work hours, forgo career opportunities, or leave the workforce altogether to meet the needs of their loved ones (7). This not only affects their financial stability and long-term security but also perpetuates the societal undervaluation of unpaid care work.

The progressive nature of dementia, combined with limited support services, contributes to chronic caregiver burden, social isolation, and burnout—findings consistently reported in the literature over several decades. Informal caregivers of older adults with Alzheimer's disease often experience heightened emotional strain, including increased levels of anxiety and depression, reduced quality of life, and greater caregiver burden. These challenges are typically exacerbated by caregiving ideologies, financial stress, and insufficient support (8). Female caregivers, in particular, report higher levels of stress, anxiety, and depression compared to their male counterparts. Previous studies highlighted differences in coping strategies, with women more likely to engage in emotion-focused strategies such as denial, avoidance, and wishful thinking, and less likely to seek social support (2, 9).

These challenges are even more pronounced among women from marginalized communities, who often face additional barriers related to race, class, or immigration status. Informal caregivers from migrant or minority backgrounds often face multiple layers of burden: managing regular caregiving tasks while also dealing with cultural, systemic, and economic challenges. These individuals often act as cultural brokers—translating, educating providers, managing stigma, and negotiating misunderstandings—while simultaneously enduring emotional and financial strain (10). Similarly, caregivers with limited financial resources are forced to balance employment, caregiving, and the complexities of navigating fragmented systems. Those living in remote or deprived areas encounter further difficulties due to limited access to formal dementia care services.

Several studies offered theoretical explanations for gender differences in dementia caregiving (11-13). These are rooted in gender-role socialization, expectations surrounding caregiving, and broader theories related to labor market segmentation and household labor division. Based on these frameworks, and the stress-coping model, it is generally expected that women provide more care, dedicate more hours, and are more likely to care for individuals with severe physical, cognitive, or behavioral symptoms. They are also less likely to institutionalize their relatives. Empirical evidence suggested that women's increased vulnerability to caregiver burden and depression is largely due to greater exposure to caregiving demands, including time commitment, hands-on care, and domestic responsibilities (12). Some studies also provided a sociological lens, suggesting that male caregivers may underreport emotional distress due to societal norms that discourage men from expressing negative emotions (11, 14).

In conclusion, while caring for a person with dementia is a vital responsibility, the unequal burden borne by women underscores persistent gender inequalities. It is essential that health and social care systems recognize and address the unique challenges faced by female caregivers. This includes access to respite services, counseling, financial assistance, and caregiver training programs (9). Equally important is the need to challenge cultural narratives that normalize and romanticize women's caregiving labor—often at great personal cost. Research, policy, and practice must work collaboratively to ensure caregiving responsibilities are shared equitably and supported appropriately.

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Authors' Contribution

Evridiki Papastavrou is the sole author of this editorial.

Conflict of Interest

The author of this manuscript declares no relationships with any company whose products or services may be related to the subject matter of the article. Dr. Evridiki Papastavrou is a member of the editorial board.

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