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Primary Caregiving in Collectivistic Family Systems: A Review of Caregiver Burden, Emotional Labor, and Well-Being

Bhavseerat Kang, *Master of Arts in Psychology, DAV College, Sector- 10 Chandigarh, India.*

bhavseeratkang@gmail.com

Abstract: The present review examines primary caregiving within collectivistic family systems, focusing on its effects on the mental and physical well-being of caregivers. Utilizing a theoretical framework grounded in emotional labor theory, gender role theory, feminist theory, and Bowen's family systems theory, the review analyzes how caregiving responsibilities are shaped by traditional family expectations and gendered divisions of labor. Existing literature suggests that primary caregivers, particularly women, frequently experience stress, burnout, emotional exhaustion, and adverse physical health outcomes due to prolonged caregiving demands. Although caregiving can foster a strong sense of purpose, enhanced self-esteem, and social recognition, these benefits often coexist with significant psychological and physical strain. This review highlights the complex interplay between caregiving burden, gender roles, family dynamics, and caregiver well-being while identifying significant gaps in the existing literature on collectivistic caregiving, gender, and intervention-based research. To address this issue, the review emphasizes the need for greater psychological support, caregiver-focused interventions, equitable distribution of caregiving responsibilities, and greater awareness of caregivers' mental health to promote caregiver well-being.

Keywords: *Primary Caregiving, Caregiver Burden, Well-being, Emotional Labor, Collectivistic Family Systems.*

1. Introduction

In recent years, the term 'caregiving' has gained widespread recognition as a significant public health issue affecting millions of individuals, which includes the help and support

Vol. 4, Issue 7 July 2026 ISSN: 2584-0142

provided to patients who are unable to take care of themselves and are dependent on caregivers due to age, illness or disability. The concept of caregiving involves a range of roles and responsibilities that are often overlooked. The caregiving role comes with financial, social, physical, and psychological aspects that affect the caregiver's well-being (Talley & Crews, 2007). Prolonged caregiving responsibilities often lead to caregiver burden, including psychological consequences, physical exhaustion, financial strain, and self-neglect.

Caregiving can be broadly differentiated into formal and informal care. Formal caregiving is professional help provided to patients by a trained team of doctors, nurses, and helpers and is a paid job that requires certain educational qualifications. On the other hand, informal caregiving often assumes these roles without any payment or professional training, where the individual voluntarily provides care for a family member, relative, or friend suffering from any kind of medical illness or any condition that might otherwise require formal healthcare services (Schulz & Tompkins, 2010). In both formal and informal caregiving, the primary caregiver assumes the principal responsibility for providing care and support to an individual in need. In India, the primary role of caregivers is predominantly assumed by family members and is often viewed as a moral and familial obligation shaped by collectivistic values, interdependence, and cultural expectations.

1.1 *Growing Need for Caregiving*

With the global rise in chronic illnesses, such as cancer, diabetes, depression, and physical disabilities, the demand for caregiving has increased substantially. The growing demand for caregiving is driven by a rapidly aging population and increasing life expectancies, a phenomenon often referred to as the 'Grey Tsunami', with more individuals living beyond the age of 65 while experiencing chronic health conditions.

Chronic illnesses often affect individuals both physically and mentally, thereby draining their energy levels and reducing their functional independence and increasing their dependence on others for support and help. The financial costs associated with long-term treatment and professional caregiving are often high and might become inaccessible to many families over time. Consequently, the primary responsibility for care often falls on immediate family members to help patients in need. In a collectivistic culture such as India, family members are expected to assume responsibility for the dependent family member as their ethical duty (Applebaum et al. 2021).

1.2 *Caregiving and Indian Context*

Culture in collectivistic societies is often connected with an elaborate hierarchy based on age, sex, seniority, and prestige, which play an important part in social communication among

Vol. 4, Issue 7 July 2026 ISSN: 2584-0142

members. In many close-knit societies, such as India, values such as strong family ties, community solidarity, and shared responsibilities, are deeply engraved in the members everyday lives. The concept of being part of a community has both positive and negative effects on a person's mental health. Community support and membership encourage resilience and reduce stigma related to mental health. However, the pressure to obey elders and to conform to societal norms and values often leads to feelings of stress, anxiety, isolation from others, and a need to suppress individual needs (Virdiyanti, 2025). Related concepts often observed in collectivistic cultures are 'face-saving' and 'self-silencing', where individuals prioritize relational harmony over confrontation, and the expression of emotions is influenced by sociocultural expectations (Kim & Kun-Ok, 1993). Consequently, caregiving is often perceived not as a personal choice but as a familial responsibility embedded in cultural and moral expectations.

Each role comes with certain cultural and societal expectations and failure to meet these role expectations may result in social criticism, feelings of guilt, stress, emotional exhaustion and burnout among caregivers.

As primary caregivers, family members play a central role in illness management by providing emotional support, managing appointments, accompanying patients for hospital visits, and assisting patients with their daily tasks (Howard et al., 2026). In collectivistic cultures, families assume responsibility for long-term care, healthcare decision-making, and the well-being of the affected individual.

1.3 *Gender and Caregiving*

Gender roles are social constructs that form a society's beliefs and play a major role in shaping people's attitudes and behaviors, influencing various aspects of life and impacting their mental health and well-being. In collectivistic societies, gender ideology is shaped by traditional gender roles, where there is a strict division of tasks based on gender. Women are traditionally expected to assume responsibility for household management, reproductive tasks, and family caregiving, and on the other hand, men are expected to engage in productive work and are called the breadwinners of the family, managing the economic area (Delgado-Herrera et al., 2024).

The societal structure gives rise to traditional stereotypes related to femininity and masculinity, defining the adamant gendered division of labor. Due to these patriarchal systems, men hold the major decision-making power, giving them major control over the family. Such patriarchal structures within the family may limit women's participation in family decision-

Vol. 4, Issue 7 July 2026 ISSN: 2584-0142

making processes and can result in women disproportionately assuming caregiving responsibilities for dependent family members.

With aging populations and public policies, women play a major role in caregiving. It is considered the duty of women within the family to care for the elderly but the work done often remains unappreciated. Women who deviate from these societal expectations may face social criticism and disapproval.

Women are not only caregivers but also occupy multiple roles simultaneously, such as mother, wife, daughter-in-law, and employee. The burden of balancing multiple responsibilities can adversely affect women's mental and physical well-being and can also lead to role overload, emotional exhaustion and burnout.

1.4 *Caregiving Burden and Emotional Labor*

Caregiving responsibilities often require sustained physical, emotional, and practical support for individuals with chronic illnesses, disabilities, or functional limitations. These responsibilities may limit caregivers' participation in social activities, reduce interactions outside the family, and adversely affect their overall well-being. Research suggests that caregivers who receive adequate support from family and community resources are better able to cope with caregiving related stress and pressure. Thus, if they feel good about themselves, they can provide better quality care and help with the recovery of the patient while maintaining their relationships within the community. (Franks & Stephens, 1996). But on the other hand, when family caregivers lack support and help from others, they experience greater physical, psychological, social and economic strain from prolonged caregiving responsibilities (Zarit & Whitlatch, 1992).

The concept of caregiver burden is often interchangeably used with the term ‘psychological dysfunction’ (e.g., anxiety, burnout, and exhaustion). The concept of ‘caregiver burden’ has been a useful way to see how the caregiving role may negatively impact those who take the role. Caregivers frequently suppress feelings of frustration, sadness, and exhaustion to maintain family harmony and meet social expectations, but the role is often accompanied by emotional labor. Emotional labor refers to the management of one’s own emotions to meet the expectations of others, which can be achieved by hiding or disguising them from others (Franzosa et al., 2019). Hidden emotions are often linked to invisible emotional labor. It is defined as the unrecognized and undervalued work of managing and expressing emotions to meet social expectations, frequently carried out disproportionately by women (Porter et al., 2025; Sveinson et al., 2022). It often remains unseen, unpaid, and underappreciated as individuals strive to fulfil socially prescribed gender roles.

Vol. 4, Issue 7 July 2026 ISSN: 2584-0142

The responsibility of caregiving can be arrayed along a continuum, where, on one end, some caregivers engage in caregiving roles without any outside work, and on the other end, caregivers try to balance their caregiving responsibilities with a simultaneous work role outside the home. Caregivers with workload often struggle to maintain a balance between the two responsibilities and their inability to do so often leads to role conflict and overload. Role overload is consistently associated with elevated levels of stress, anxiety, depression, emotional exhaustion, and reduced psychological well-being. Overload from performing well in both areas often diminishes the ability of the person to perform well in either of them.

Understanding caregivers' experiences is crucial for recognizing both the contributions and challenges inherent in caregiving and for promoting the overall well-being of those who provide care. Thus, the present review focuses on enhancing awareness in the area of caregiving and highlighting the importance of a supportive home environment, shared responsibilities, and greater recognition of caregivers' needs and well-being.

2. Research Objectives

a) Examine the concept of primary caregiving within the collectivistic family context in India.

b) Investigate the influence of cultural values, family dynamics, and gender roles on caregiving responsibilities.

c) Explore how caregiving responsibilities and expectations influence caregivers' well-being, particularly in women.

d) Analyze the role of caregiver burden, emotional labor, and role overload in shaping caregivers' experiences.

e) Apply Gender Role Theory, Emotional Labor Theory, Feminist Theory, and Bowen's Family Systems Theory to understand the concept of primary caregiving within collectivistic family settings.

f) Propose interventions that promote caregiver well-being and supportive caregiving environments within collectivistic family systems.

3. Theoretical Framework

3.1 *Gender role theory*

Gender Role Theory proposes that the behavioral differences and societal expectations associated with men and women are socially constructed. Similar ideas are reflected in Alice Eagly's Social Role Theory (1987), which explains how differences and similarities between

men and women arise from their distribution into socially prescribed roles within society. According to this theory, the historical division of labor positioned women as homemakers and primary caregivers within the family, while men were expected to assume full-time roles in the paid workforce that emphasized physical strength, authority, and leadership (Eagly & Wood, 2016).

A similar theory developed by Sandra Bem (1981), called the gender schema theory, explains how individuals become gendered in society. At a very young age, children learn the cultural definitions of 'male' and 'female,' which they organize and store in the form of mental frameworks called schemas. These schemas guide how they perceive the world and dictate their behavior in front of others. (Starr & Zurbriggen, 2017)

Gender roles are sociocultural constructs that develop through socialization processes, thus shaping an individual's behavior, attitudes, and values. Men are usually expected to be assertive and act as the head of the family. In contrast, women are often expected to undertake nurturing, domestic, and caregiving responsibilities, many of which remain unpaid and undervalued and they often experience greater caregiving burden, emotional labor, and role overload than men. Individuals who violate these expectations often face social pushback, prejudice, and rejection.

3.2 *Emotional Labor Theory*

Emotional Labor Theory, introduced by sociologist Arlie Russell Hochschild in her book *The Managed Heart (1983)*, defines the management and regulation of emotions as a key part of fulfilling social and work roles. This theory suggests that individuals often modify, suppress, or regulate their emotions to meet social expectations and maintain interpersonal relationships. Emotional labor involves matching one's emotional expressions with socially expected norms, even when these expressions do not reflect one's true feelings (Grandey, 2000; Wharton, 2009). Although originally developed in the context of paid employment, the concept has since been applied to various interpersonal roles, including caregiving.

Within caregiving contexts, emotional labor is reflected in caregivers' efforts to provide reassurance, empathy, and emotional support to others. Family caregivers frequently suppress their own emotional needs in order to maintain family harmony and meet social and cultural expectations. Over time, regularly controlling and hiding emotions can lead to emotional exhaustion, depersonalization, burnout, and reduced authenticity. This may ultimately compromise caregivers' psychological well-being (Zhang et al., 2025). This theory is particularly relevant for understanding the invisible and often unrecognized emotional work performed by caregivers, especially women, within collectivistic family settings.

Vol. 4, Issue 7 July 2026 ISSN: 2584-0142

3.3 *Feminist Theory*

Feminist Theory examines society through the lens of gender and power, focusing on how societal structures, cultural norms, and institutions create and maintain inequalities between men and women. These inequalities, in turn, shape our expectations, opportunities, and gender roles (Guy-Evans, 2023). Within caregiving contexts, Feminist Theory highlights the concept of social construction of gender-based inequalities in caregiving, where women are considered the primary caregivers and are expected to assume responsibility for the care of dependent or ill family members.

Feminist scholars argue that caregiving and domestic labor are frequently unpaid, underappreciated and overlooked, despite their significant contribution to family and societal functioning. Therefore, the theory provides a useful framework for understanding how gendered expectations, unequal caregiving responsibilities, and the undervaluation of care work contribute to caregiver burden, emotional strain, and adverse mental and physical health outcomes among women.

3.4 *Family Systems Theory*

The theory developed by Murray Bowen in the 1950s focuses on the family as a single emotional unit rather than a collection of separate individuals. An individual's thoughts, behaviors, and values are intertwined within the interconnected network of family, and family members influence each other reciprocally (Carr, 2015). Family members are often expected to function within established family norms and patterns to maintain harmony and stable interpersonal relationships.

This theory emphasizes understanding the family as a whole rather than focusing solely on individual members. Consequently, the illness of one family member affects the functioning and well-being of the entire family system rather than just the affected individual. Thus, family members often reorganize their roles and responsibilities to accommodate the needs of affected individuals. Within caregiving contexts, the theory helps explain why caregiving responsibilities extend beyond the patient and influence the emotional well-being of the family. It highlights how family dynamics, interdependence, and role changes shape caregivers' experiences and adaptation to caregiving demands.

4. A Comprehensive Perspective

By integrating Gender Role Theory, Emotional Labor Theory, Feminist Theory, and Bowen's Family Systems Theory, a comprehensive understanding of caregiving experiences emerges. Gender role theory highlights how caregiving duties are disproportionately assigned

Vol. 4, Issue 7 July 2026 ISSN: 2584-0142

to women because of cultural expectations. Feminist theory further explains how the work done by women is often unpaid and underappreciated and the gender-based inequalities within families. Emotional labor theory further clarifies how caregivers often suppress their emotions and personal needs and always prioritize others to maintain harmony within the family, leading to burnout and exhaustion. Bowen's Family Systems Theory complements these perspectives by emphasizing that illness within a family not only affects the patient but the entire family leading to changes in family roles and responsibilities.

Together, these theories suggest that caregiving is not merely an individual's responsibility but a complex phenomenon shaped by gender norms and roles, family dynamics, and sociocultural expectations. While caregiving may provide caregivers with a sense of purpose and familial connection, it may also contribute to caregiver burden, emotional exhaustion, role overload, and adverse mental and physical health outcomes.

5. Example of Theoretical Integration

A primary caregiver within a collectivistic family system often assumes the caregiving role due to culturally prescribed gender roles. For example, in many collectivistic households, the daughter-in-law is traditionally expected to take care of an elderly patient suffering from dementia. Women are socially expected to undertake nurturing and caregiving responsibilities (as per gender role theory). In fulfilling these responsibilities, caregivers are often expected to suppress or regulate their own emotions to maintain family harmony (as per Emotional Labor Theory). Caregiving is frequently perceived as a natural extension of women's roles, resulting in unpaid caregiving work being undervalued and under-recognized. (as per feminist theory). Although women commonly assume primary caregiving responsibilities, the effects of illness within a family influence the functioning of the entire family system, not just the affected individual (as per Bowen). This integrated approach illustrates the influence of gender role expectations, family dynamics, emotional demands, and cultural values on the caregiver's mental and physical well-being.

6. Prevalence

Caregiving is a global phenomenon observed across various countries, including the United States, China, and India. Despite cultural variations, the fundamental characteristics of caregiving remain largely consistent, including providing care to individuals with chronic illnesses, disabilities, or age-related dependence, the involvement of family members, and the influence of cultural expectations and gender roles (Bastawrous, 2013). The caregiving burden

Vol. 4, Issue 7 July 2026 ISSN: 2584-0142

is inversely proportional to the support provided to primary caregivers by other family members. Perceived social support reduces the chances of acute stress and burden on caregivers. (Yigitalp et al., 2017).

Globally, it is expected that by 2030, there will be one in six people above the age of 60, and the proportion of the world's population over 60 years will nearly double from 12% to 22% (World Health Organization, 2025). In India, the number of individuals over the age of 60 years is projected to increase from 10.5 percent in 2022 to 20.8 percent in 2050 (United Nations Population Fund [UNFPA], 2023). The term 'Grey Tsunami' has been used to describe the rapid growth of the global population aged 60 years and above, highlighting the increasing demand for long-term caregiving. Countries such as Japan are already experiencing this demographic shift, with nearly one-third of the population aged 60 years and above.

An estimated 1.3 billion people live with some form of disability that requires additional help with daily tasks. This constitutes 16% of the total population worldwide or one out of every 6th person (World Health Organization, 2023). According to the *Global Carer Well-Being Index*, there are more than 63 million unpaid, informal caregivers worldwide. While the number varies by country, approximately 10% to 44% of the adult population are informal caregivers (Embracing Carers, 2021). Women constitute 57%–81% of the global informal caregiving workforce. (Sharma N et al., 2016)

In India, approximately 10% of the total population are family caregivers (Embracing Carers, 2021). Approximately 50% of informal caregivers in India who provide care for more than 40 hours per week are reported to experience mental health issues (Chakraborty et al., 2023).

With the increasing prevalence of chronic illnesses, disabilities, and an aging population, there is an increased rate of dependence on informal family caregivers. This growing demand highlights the need for a deeper understanding of caregiver experiences, particularly within collectivistic family systems, where the caregiver’s role is influenced by family obligations, cultural practices, and gender roles.

7. Analysis

This analysis is derived from a comprehensive review of various books, review articles, and research papers referenced throughout the course of this research.

Vol. 4, Issue 7 July 2026 ISSN: 2584-0142

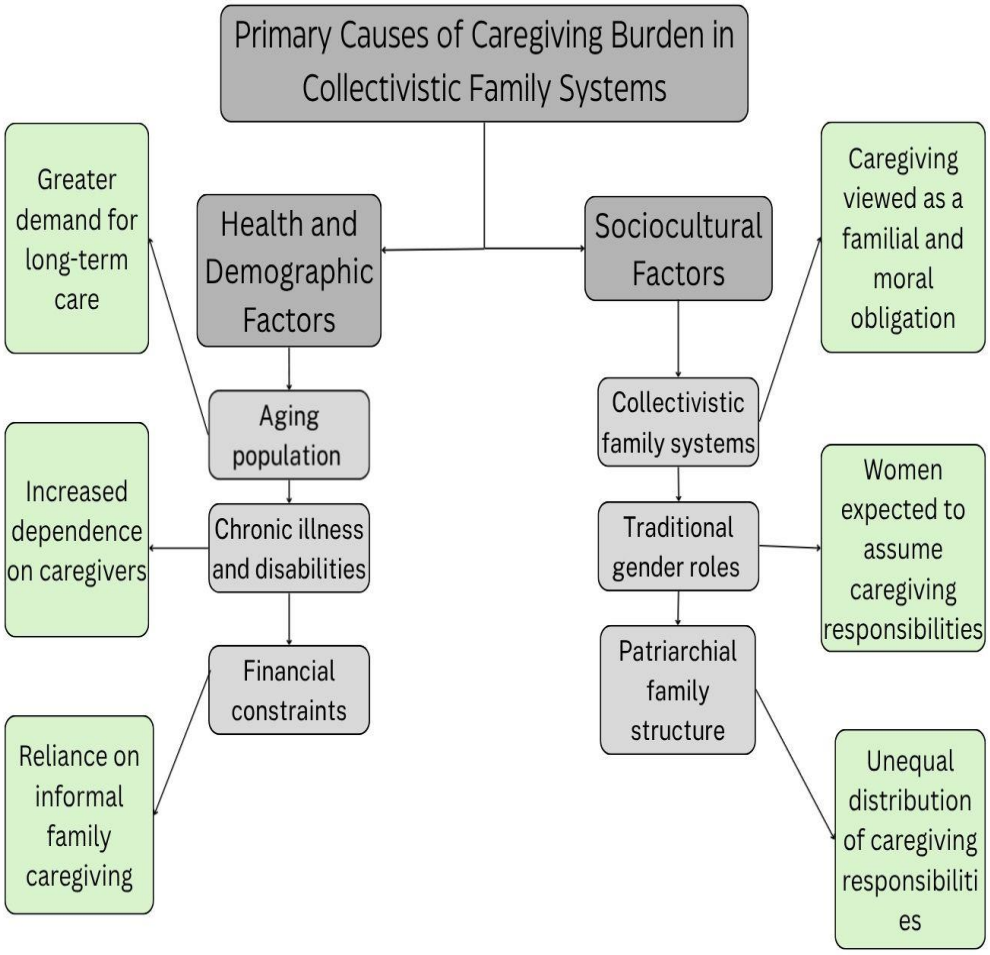

Figure 1: *Illustrates the primary causes of caregiving burden*

Caregiving burden refers to the emotional, physical, and financial strain experienced by individuals who provide care to a person suffering from a chronic illness, disability, or age-related dependence. The literature suggests that caregiving burden arises from the interaction of health and demographic factors and sociocultural influences. These factors collectively contribute to the caregiving burden, which ultimately impacts the physical and psychological well-being of caregivers.

Vol. 4, Issue 7 July 2026 ISSN: 2584-0142

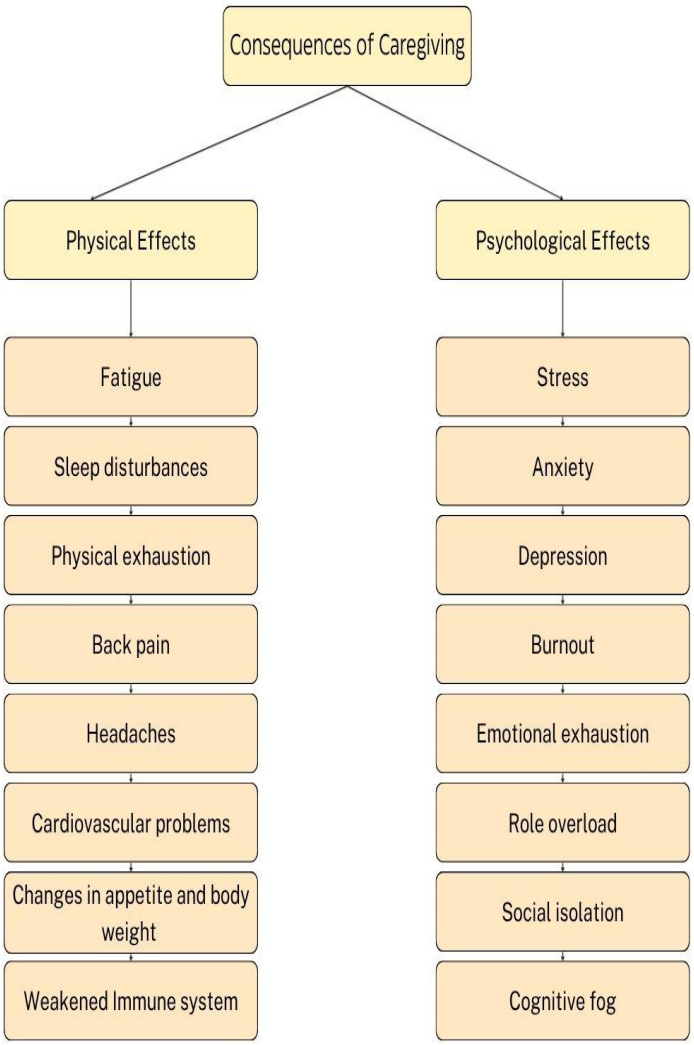

Figure 2: *Psychological and physical consequences of caregiving*

The reviewed literature shows that caregiving is a multidimensional experience shaped by demographic changes, cultural values, family dynamics, and gender expectations. While caregiving often strengthens family bonds and gives caregivers a sense of purpose and social recognition, long-term caregiving responsibilities can negatively impact their mental and physical well-being. To improve caregiving experiences, it is important to offer more psychological support, encourage families to share caregiving duties, and view caregiving as a valuable contribution rather than as merely a familial responsibility. These efforts may lessen the caregiver burden while improving the quality of life of both caregivers and care recipients.

Vol. 4, Issue 7 July 2026 ISSN: 2584-0142

8. Discussion

Interpretation of major findings

The reviewed literature suggests that caregiving is a multidimensional phenomenon shaped by cultural values, family dynamics, and gender roles. Caregiving is widely considered a familial responsibility and is highly prevalent in collectivistic cultures, where people are tightly bound to each other, and taking care of dependent family members is regarded as a moral and social obligation. A recurring finding was that the primary caregiver's role is predominantly assumed by women within the family because of traditional gender roles and patriarchal family structures that associate women with nurturing and caregiving responsibilities. The literature further indicates that invisible emotional labor associated with caregiving work results in role overload and caregiver burden, directly affecting their mental and physical well-being, leading to stress, anxiety, fatigue, and sleep disturbances. These findings highlight the fact that caregiving is not merely the provision of physical assistance to those in need but is a complex psychosocial experience shaped by cultural, social, and familial expectations.

Implications for Caregiver Support and Intervention

8.1 *Psychological Support for Caregivers*

With the increasing demand for informal caregiving due to chronic illnesses, disabilities, and population aging, greater attention must be paid to the psychological well-being of caregivers. It is important that informal caregivers have timely access to appropriate psychological and healthcare services throughout the caregiving process. Routine mental health screening is important for the early detection of stress, anxiety and depression. Access to psychotherapy and counselling may be beneficial for caregivers who require mental health support. Various techniques should be encouraged for stress management and coping skills to effectively manage stress and to cope with caregiving demands. It is not just the caregiver who must be made aware, but also the other family members on topics such as caregiver burden, burnout, and emotional labor to understand what the caregiver might be going through. Prolonged caregiving often leads to a reduction in opportunities for social interaction; caregivers' support groups can play an important part in caregivers' lives for sharing experiences, exchanging coping strategies, and receiving emotional support from individuals facing similar challenges.

8.2 *Promoting Shared Caregiving Responsibilities*

In collectivistic family systems, where caregiving is regarded as a women's responsibility, greater emphasis should be placed on spreading awareness and encouraging the

Vol. 4, Issue 7 July 2026 ISSN: 2584-0142

equitable distribution of caregiving duties among family members. Challenging traditional gender roles that assign women the primary responsibility for caregiving while men assume the role of breadwinners is essential to reduce gender-based inequalities and encouragement of male participation in caregiving is important. Furthermore, open family communication regarding caregiving expectations and responsibilities should be encouraged to promote collaborative decision-making. Recognizing caregiving as a shared family responsibility rather than the sole responsibility of women can help create a more supportive caregiving environment and improve the well-being of both caregivers and care recipients.

8.3 ***Community and Healthcare Support Systems***

Caregivers' burden extends beyond the familial level and should be recognized as a broader public health and community concern. Community-based support systems play an important role in providing respite care and assistance to caregivers and care recipients. Community organizations, local support networks, and non-governmental organizations (NGOs) should be established to increase awareness about caregiving and its effects on caregivers' health. Community awareness initiatives, caregiver education programs, and training workshops can help improve public understanding of caregiver burden and help in the early recognition of caregivers' needs. Daycare centers for older adults should be promoted, as individuals with chronic illnesses or age-related dependency might benefit from social interactions and supervised care. Such centers help manage the social and psychological well-being of care recipients while providing temporary relief to family caregivers. Healthcare professionals should routinely assess caregivers for signs of stress, burnout, and psychological distress and provide daily caregiving support by integrating it into routine healthcare services.

8.4 ***Policy and Workplace Support***

Individuals balancing employment with caregiving responsibilities are particularly vulnerable to role overload, emotional exhaustion and burnout. Therefore, workplace policies, such as paid caregiver leave, should be encouraged to support employed caregivers. In addition to leave, flexible work schedules, caregiver allowances, and insurance can help caregivers balance their professional and personal responsibilities more effectively. At the national level, schemes and caregiver policies should be introduced in caregivers' favor to reduce the caregiver burden. Informal caregivers often remain unrecognized despite their significant contributions to the healthcare system; hence, policies that formally acknowledge unpaid caregiving work can promote greater social recognition and help reduce the financial and psychological burden experienced by caregivers.

Vol. 4, Issue 7 July 2026 ISSN: 2584-0142

8.5 *Research Gaps and Future Directions*

Most caregiving research conducted thus far has predominantly focused on Western, individualistic family systems, while comparatively less attention has been paid on caregiving experiences within collectivistic family systems. Cultural values such as familial obligations, face-saving, and interdependence among family members remain relatively underexplored. Future research should therefore focus on collectivistic societies to better understand how family relationships, cultural expectations, and family dynamics shape caregivers' experiences and well-being.

Despite the growing body of research on caregiving, comparatively less attention has been paid to the influence of gender roles within the family, cultural and societal expectations on caregivers' mental and physical well-being in the Indian context. Furthermore, much of the existing literature originates from developed countries, whereas evidence from developing and low-income countries remains limited. Therefore, future research should examine caregiving experiences across diverse cultural and socioeconomic contexts.

Major research in the field of caregiving is quantitative and cross-sectional, which sometimes fails to capture the contextual factors relevant to caregiving outcomes (e.g., culture and gender roles). Future research should adopt mixed-method approaches by combining quantitative and qualitative studies to gain a more comprehensive understanding of caregiving experiences. It should also focus on longitudinal studies rather than short-term research.

Most of the work done in the caregiving field has focused on women as the primary caregivers within the household. Male caregivers receive relatively less attention. There are very few studies examining changing gender roles. Future research should explore the experiences of male caregivers and compare the coping strategies adopted by men and women. In addition, shared caregiving models, where responsibilities are equally divided among family members, should be examined for their effectiveness in reducing caregiver burden.

Most studies focus on the caregiving burden and its adverse consequences, while very few have evaluated the effectiveness of interventions designed to support caregivers. Future research should investigate counselling programs, stress management, support groups, and community interventions, rather than focusing solely on documenting caregiver burden.

9. Conclusion

The findings of the present review highlight the fact that caregiving extends beyond the provision of physical assistance to those in need and is a complex psychosocial experience shaped by cultural values, family dynamics, and gender roles within collectivistic family

systems. While primary caregivers play a vital role in providing support to individuals with disabilities, chronic illnesses, or age-related dependence, their own physical and mental well-being remains overlooked. Therefore, efforts should be made on increasing awareness and promoting psychological support, along with community and healthcare support to reduce caregivers' burden. Such efforts can contribute to improving the well-being of both caregivers and care recipients, while fostering a more supportive and equitable caregiving environment.

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Vol. 4, Issue 7 July 2026 ISSN: 2584-0142

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Vol. 4, Issue 7 July 2026 ISSN: 2584-0142

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