Action
Patients with dementia

Special Needs Education Mental Health
Communication Inventory Male Caregiver
Interprofessional Collaboration High School
Discharge Coordination
Perception of Dementia

Care Plan

Student with Special Educational Needs
Long-term Care Insurance Service
Worker Self-care Skin Care
Dementia
Characteristics of Male Caregivers Who Provide Skin Care to a Mother or Wife with Dementia

Midori NISHIO 1)  Kumiko OGATA 1)  Sayori SAKANISHI 1)

1) Department of Nursing, Faculty of Medicine, Fukuoka University, Japan

ABSTRACT

This study aimed to confirm the characteristics of male caregivers who provide skin care to a mother or wife with dementia living at home.

Participants were 90 male caregivers of a female family member with dementia who was living at home. We recruited participants from among: 1) caregivers of inpatients at the Special Hospital for Dementia, 2) members of the Male Caregivers Association, and 3) members of the Dementia Family Association. Participants completed a self-administered questionnaire. The study period was from May 2017 to January 2018. We investigated the actual state of skin care and nursing care burden. We assessed care burden using the question “Do you have a physical, emotional, social, or financial care burden?” and the Zarit Caregiver Burden Scale-8. Participants' self-esteem was assessed using the Rosenberg Self Esteem Scale and the question “Do you have fun in your life?”

Caregivers who were the husband of the care recipient tended to be older. Those who were sons of the care recipient tended to be long-term caregivers, and their care recipient (mother) tended to be older. Care recipients who were wives received more skin care. Male caregivers that provided skin care had higher self-esteem than those that did not.

We found that caregivers who were husbands wanted their wife to look beautiful or healthy. The key characteristic of male caregivers is treat oneself and mother or wife with dementia.

<Key-words>
male caregiver, dementia, skin care

nisiomidori@adm.fukuoka-u.ac.jp (Midori NIHIO; Japan)

Asian J Human Services, 2019, 17:1-10. © 2019 Asian Society of Human Services
Japan has experienced great changes in gender roles. The reasons for these changes are multi-faceted, and include changes in population and family structure, an increase in social progress among women, and an increase in unmarried men\textsuperscript{1}. Traditionally, women assumed the role of family caregiver. However, the number of male caregivers who provide care for a family member with dementia living at home doubled from 18.6\% in 1999 to 34.0\% in 2016\textsuperscript{2}. Male caregivers have been reported to experience some problems in providing care\textsuperscript{3,4}, and tend to not complain and not seek counseling or support from friends\textsuperscript{5}. A paper reporting a study focused on murder\textsuperscript{6} showed that home care was the third most common setting for murder, and most such murderers were husbands. In addition, 72.3\% of persecutors of older adults were male caregivers and 74.3\% of victims of abuse were female. This suggests that family caregiving is difficult for men, and they may not easily be able to speak up if they experience difficulty.

Provision of care to family members is important to allow continuation of home care and treatment. Support for caregivers includes consideration of their physical, mental, and social health. The greatest cause of care stress for male caregivers is reported to be high concern with masculinity; to optimize their health, male caregivers need a caregiving style that goes beyond traditional gender rules\textsuperscript{7}.

Male caregivers may have confusion around skin care for a care recipient who is their mother or wife, including knowing how to perform skin care and select cosmetics. An older adult’s skin is delicate and characterized by a thin layer of subcutaneous fat\textsuperscript{8}. Therefore, knowing how to perform appropriate skin care suitable for this skin type without expert knowledge is important to improve an older adult’s quality of life\textsuperscript{9}.

In meetings of family or male caregivers, the present researchers have noted that when a male caregiver’s wife with dementia was wearing make-up, it gave the impression that the male caregiver loved their wife and wanted to continue caring for them. A potential benefit of providing skin care to a care recipient with dementia is that skin care appears to be related to quality of life in the context of long-term care. However, in Japan, the actual situation of male caregivers providing skin care has not been investigated, and no information is available regarding the effect of skin care provision on the caregiver role. This issue has not previously been studied, and this paper reports interesting results regarding this topic.

This study object was conducted to determine the characteristics of male caregivers who provide skin care to a mother or wife living at home with dementia.

Definition of this study of skin care: Concretely, hot towel, massage, cosmetic creams, milky lotions, skin lotions, cosmetic foundations and lipsticks are cited as the cosmetics are cited as the facial skin care.
II. Subjects and Methods

1. Participants
Participants were 90 male caregivers who were living at home with a female family member with dementia. We recruited participants from among: 1) caregivers of inpatients at the Special Hospital for Dementia, 2) members of the Male Caregivers Association, and 3) members of the Dementia Family Association. Participants completed a self-administered questionnaire. The study period was from May 2017 to January 2018.

2. Research methods
This study used a quantitative research design with data gathered using a self-administered questionnaire.

3. Measures
1) Basic male caregiver variables
We collected data on participants’ relationship with the care recipient (mother or wife), age, employment status, economic status, care difficulty, nursing care hours, long-term care need (months), household composition, skin care frequency, and fun in daily life. Participants also completed the shortened version of the Zarit Caregivers Burden Interview (J-ZBI_8), and the Japanese version of the Rosenberg Self Esteem Scale (RSES-J). The J-ZBI_8 consists of eight items and is a care burden scale that was translated into Japanese by Arai et al. Its reliability and validity have been verified, and it has been used in many previous studies in Japan. Responses are on a five-point Likert-type scale: never = 0, rarely = 1, sometimes = 2, quite often = 3, and nearly always = 4. The RSES-J consists of 10 items, and the scale has been most commonly used in countries outside Japan. The reliability and validity of the RSES-J were established in 2007. The scale has four response options: Strongly agree = 0, Agree = 1, Disagree = 2, and Strongly disagree = 3.

2) Basic care recipient variables
We collected data on the care recipients’ age, dementia diagnosis, and level of certification of long-term care need.

4. Data analyses
We first divided our sample into two groups (husband or son, provides skin care or not). These results were expressed as mean±standard deviation, with categorical variables reported as percentages. Student’s t-tests, Mann–Whitney U-tests, or χ² tests were used to evaluate differences between the two groups. All statistical analyses were performed using the Japanese version of SPSS version 22.0 for Windows. The level of statistical significance was set at <0.05 (two-tailed).
5. Ethical approval

We obtained ethical approval for this study from the Ethics Committee of Fukuoka University (approval code: 2017M040). The study conformed to the provisions of the Declaration of Helsinki in 1995 (as revised in Tokyo in 2004). Consent was obtained from hospitals, the care facility, and the Men’s Caregiver and Dementia Family Associations. The purpose of the study was explained orally and in writing to eligible participants. Participants were informed that their information and data would be treated confidentially. Return of a completed questionnaire was considered provision of consent to participate.

III. Results

1. Basic variables of male caregivers

There were significant differences between the male caregiver groups based on the relationship with the care recipient (mother or wife). In particular, there were significant differences in nursing care hours and long-term time care need (months) for male caregivers providing care for their wife. RSES-J scores were significantly higher among male caregivers who provided skin care compared with those that did not (Table 1).

| Table 1 Male Caregivers contents. | n=90 |
|-----------------------------------|------|
| Variable                          | Husband | Son |
| n                                 | 55     | 35  | (61.0) | (39.0) |
| Age                               | Mean age (SD) | 75     | SD 6.6 | 72    | SD 8.9 |
|                                   | mean age | 66     | SD9.4  |       |       |
| Employment status                 | Husband | Employed | 21    | (38.1) |
|                                   | Unemployed | 34    | (39.0) |
|                                   | Son     | Employed | 15    | (42.8) |
|                                   | Unemployed | 20    | (39.0) |
| Economic conditions               | Husband | sufficiently wealthy | 26    | (47.3) |
|                                   | Son     | sufficiently wealthy | 16    | (45.7) |
|                                   |         | some hindrance to life | 25    | (45.6) |
|                                   |         | hindrance to life | 4      | (7.2)  |
|                                   |         | some hindrance to life | 18    | (51.4) |
|                                   |         | hindrance to life | 1      | (2.9)  |
| I feel Care difficulty           | in body | 55    | (60.4) |
|                                   | in spirit | 69    | (75.8) |
|                                   | society | 35    | (38.5) |
|                                   | economy | 29    | (31.9) |
| Nursing care hours                | Husband | The mean time spent providing nursing care | 4.0 SD 1.2 |
|                                   | Son     | 3.4 SD 1.4 |
| Long time care need (month)      | Husband | Mean month (SD) | 48 SD 42.6 | 49 SD 6.2 |
|                                   | Son     | 10.3 SD 3.1 | 12.8 SD 1.2 |
| J-ZBI_8*                          | Husband | Mean point score | 23.8 SD 4.6 |
|                                   | Son     | 24.9 SD 1.8 |
| RSES-J                            | Husband | mean point score (SD) |             |
|                                   | Son     |             |

*Japanese version of the Zarit Caregiver Burden Scale -8  Student’s-test  *p<0.05
2. Basic variables of care recipients

There were significant differences in care recipient variables by relationship to the caregiver. Care recipients that were mothers tended to be older than those that were wives. For care recipients who were wives, the most common dementia diagnosis was Alzheimer’s type, followed by Lewy body type, and frontotemporal lobar degeneration type. Among care recipients who were mothers, the most common dementia diagnosis was Alzheimer’s type, followed by Lewy body type, and cerebrovascular type. The most common level of certification of long-term care need among care recipients who were wives was Care Need Level 3, with Levels 4 or 5 being most common among care recipients who were mothers (Table 2).

| Variable | Wife : mean age | Mother : mean age |
|----------|----------------|-------------------|
| Wife : mean age | 73 SD 6.6 | 89 SD 6.2 |
| Mother : mean age | | |

Table 2  Overview of the people with dementia

| Variable | Wife | Mother |
|----------|------|--------|
| Caregiver’s relation to the patient | Alzheimer's type | 28 (50.9) |
| | Lewy bodies | 18 (32.7) |
| | Frontotemporal lobar degeneration | 6 (10.9) |
| | Cerebrovascular type | 3 (5.5) |
| Mother | Alzheimer's type | 19 (54.3) |
| | Lewy bodies | 10 (28.6) |
| | Frontotemporal lobar degeneration | 1 (2.8) |
| | Cerebrovascular type | 5 (14.3) |
| Wife | Care support 1 or 2 | 3 (5.5) |
| | Care need 1 | 6 (10.9) |
| | Care need 2 | 5 (9.1) |
| | Care need 3 | 13 (23.6) |
| | Care need 4 | 8 (14.5) |
| | Care need 5 | 16 (29.1) |
| | Not applicable or unspecified | 4 (7.3) |
| Mother | Care support 1 or 2 | 3 (8.5) |
| | Care need 1 | 0 (0.0) |
| | Care need 2 | 4 (11.4) |
| | Care need 3 | 7 (20.0) |
| | Care need 4 | 8 (22.9) |
| | Care need 5 | 8 (22.9) |
| | Not applicable or unspecified | 5 (14.3) |

Note.  Care support is a less intensive level of support required than care need. The numbers refer to increasing levels of care required. Student’s-test *p<0.05
3. Provision of skin care and skin care frequency

In total, 45 (49.5%) of male caregivers provided skin care to their care recipient. There were differences in skin care provision and frequency of skin care provided to mothers and wives. For wives, the most common skin care frequency was every day (53%), followed by when going out (29.1%). For mothers, the most common skin care frequency was when going out (53%), followed by every day (46.0%) (Table 3).

4. Characteristics of male caregivers who provided skin care

The group of male caregivers that provided skin care reported a lower care difficulty than those who did not provide skin care. In addition, the RSES-J scores in the group that provided skin care were higher than in the group that did not provide skin care (Table 4).
IV. Discussion

1. Participant characteristics

This study investigated care for older adults by older adults, with many participants and care recipients being old-old. We found that on average, caregivers that were husbands had cared for a younger wife for more than 4 years and sons had cared for a mother for more than 7 years. When male caregivers who were sons began providing home care, many were in their late fifties.

In Japan, the mandatory retirement ages are 60 years (79.3%) and 65 years (16.4%)\(^{14}\). Therefore, male caregivers who were sons of their care recipient most likely began caregiving for their mother while continuing to work. However, retirement at age 60 years is decreasing, whereas retirement at ≥65 years is increasing\(^{14}\). This may indicate an overall increasing retirement age. To achieve an ageless society in which older adults can play active roles, it is important to enhance and strengthen employment opportunities/assistance and re-employment support for older adults. However, realization of an ageless society in which older adults can play active roles depends on family caregivers. An investigation in 2012 suggested that resignations and changes of job by family caregivers had increased\(^{15}\). Male caregivers who provide care for a parent may be more affected by factors such as resignation and changes of job to allow them to provide care for their family member. It may be necessary to direct attention to male caregivers (especially those who are sons of their care recipient) to determine if they have problems providing care while continuing to work. In Japan, the average age of male caregivers providing care for a parent is 40–60 years, meaning that there is a high probability that they are employed\(^{16}\). Perpetrators of abuse of older adult associated with home care are often male (70%), and in ≥40% cases were the care recipient's son\(^{6}\). If a caregiver loses their job, they are at increased risk for becoming poor; maintenance of good health is indispensable to social participation and poverty may affect health status, which in turn may form a vicious cycle.\(^{17}\) Collaboration with public health policies is necessary to support male caregivers who are providing care for a parent to continue to work while providing home care.

2. Effect of provision of skin care

Our findings suggested that care recipients who were wives received more skin care than those who were mothers. An effect of provision of make-up and skin care is improving the care recipient's health; for example, make-up means the care recipient seems to be younger in both appearance and attitude, as there is a correlation between appearance and visceral function\(^{18}\). Therefore, make-up is an important part of skin care. This suggests that provision of skin care is an expression of a husband wanting their wife with dementia to look beautiful and healthy. Furthermore, skin care may enhance social communication\(^{19,20}\) and relationships\(^{8}\). Caregivers whose care recipient was their wife
reported more communication with friends and social relationships than those whose care recipient was their mother.

3. Characteristics of male caregivers who provide skin care

An effect of applying make-up is stabilizing brain waves, which provides oscillation control for sensory neurons\(^{21}\). This may help to reduce symptoms of dementia by regaining function of nerves and emotions. A person with dementia may respond to chemical stimuli from points on their skin or mucosal membrane that are sensitive to enhancing memory and cerebral function. Therefore, application of make-up or skincare may also help to reduce the symptoms of dementia, and the associated stimuli may help to relieve anxiety and maintain a stable mental condition\(^{22}\). A cause of abuse by caregiver that a cause of symptom of dementia from an unsettled state of cerebral function and abuse to reduce a stress reaction circulates through a stress reaction and evil.\(^{23}\) Therefore, by reducing symptoms of dementia, skin care may help to reduce nursing care burden for male caregivers.

Although we found no significant differences in care difficulty between caregivers who provided skincare and those that did not, there were significant differences in reported care difficulty. We cannot adequately explain how male caregivers experience care difficulty and care burden. However, according Pearlin’s stress coping model, the care burden scale relates to care stressors and care difficulty scale to care resources. This suggests that male caregivers who provide skin care to a mother or wife with dementia have more care resources than those who do not provide skin care. In addition, male caregivers who provided skin care to a mother or wife with dementia had higher self-esteem than those who did not provide skin care. A person has high self-esteem is mental who is unattractive either in appearance or character and attended kindly and think of others\(^{13}\). Therefore, male caregivers who provide skin care to a care recipient who is their mother or wife think kindly of the care recipient.

V. Conclusion

Male caregivers who provide skin care to a mother or wife with dementia tend to have high self-esteem, abundant care resources, and think kindly of their care recipient. In addition, application of make-up and provision of skin care may reduce symptoms of dementia and help to resolve nursing care difficulty for male caregivers.

VI. Study Limitations

A limitation of this study was the small sample size. A comparative study including other variables will be required to further investigate the topic; for example, male caregivers’ employment situation and experience of long-team nursing care.
Acknowledgment

This work was supported by the Special Hospital for Dementia, Family Caregivers Association, and Male Caregivers Association. The authors would like to thank all caregivers for participating in this study. We have to clarify the actual situation of the male caregiver of home care, Such as also analyzed for the skin care of body, oral and fair care as well as facial skin care. We also thank Edanz Group (www.edanzediting.com/ac) for editing a draft of this manuscript.

FUNDING

This study was funded by a grant from the Cosmetology Research Foundation. I have no financial relationships to disclose.

References

1) Masatoshi TSUDOME (2009) Reality of family caretakers support-the knowledge from the study of the men as caretaker. *Journal of the Japan Academy for the Prevention of Elder Abuse*, 5, 32-38.

2) Ministry of Health, Labour and Welfare (2013) Comprehensive survey of living conditions 2013. Available at http://www.mhlw.go.jp/toukei/saikin/hw/k-tyosa/k-tyosa16/dl/05.pdf

3) Kiyomi HIKO & Kastuko KANEKO (2010) *Research the male caregivers about strategies to support in the region*. Yuumizaidan. Tokyo.

4) Nagai KUNIYOSHI, Yoko HORI, Junko HOSHINO, Ritsuko HAMAMOTO, Yoko SUZUKI, Akiko SUGIYAMA et al. (2011) Subjective physical and mental health characteristics of male family caregivers. *Japanese Society of Public Health*, 58(8), 606-615.

5) Shoko OKUDA (2015) *Man drifting* first edition, Kodansha +α, Tokyo.

6) Etsuko YUHARA (2016) The necessity of the caregiver support to be found from the criminal cases of homicides or murder-suicides by family caregivers. *Nihon Fukushi University Journal of Social Welfare*, 134, 9-30.

7) Kiyomi HIKO & Syuichi OKI (2016) Social determinants of male caregivers’ health and the direction of providing support. *Ishikawa Journal of Nursing*, 13, 1-10.

8) Sayumi NEGORO, Yuka HAYAMA & Tomoko INOUE (2013) The dry situation of community-dwelling elderly woman’s skin, and the actual condition of the lifestyle relevant to dryness. *Journal of Japan Health Medicine Association*, 21(4), 237-243. doi: 10.20685/kenkouigaku.21.4.237
9) Xiaodong CARDENAS, Yukari NISHIO, Nao FUKAI, Katsuko TANAKA, Shinichi MORIWAKI, Kimiyo SUEHARA (2013) Article review about the application of make-up therapy in Japanese. Osaka Medical College Journal of Nursing Research, 3, 69-77.

10) Yumiko ARAI, Kei KUDO, Toru HOSOKAWA, Masakazu WASHIO, Hiroko MIURA, Shigeru HISAMICHI (1997) Reliability and validity of the Japanese version of the Zarit Caregiver Burden Interview. Psychiatry and Clinical Neuroscience, 51, 216-226. doi: 10.1111/j.1440-1819.1997.tb03199.x

11) Yumiko ARAI, Nanako TAMIYA, Eji YANO (2003) The short version of the Japanese version of the Zarit Caregiver Burden Interview (J-ZBI_8): its reliability and validity. Japanese Journal of Geriatrics, 40(5), 497-503. doi: 10.3143/geriatrics.40.497

12) Stanley COOPERSMITH (1967) The antecedents of self-esteem. A series of books in psychology. W. H Freeman, San Francisco.

13) Tatsuo ENDO, Syoji INOUE & Chitoshi ARARAGI (2007) Self-esteem no sinnrigaku. 8, Nakanishiya Co, Kyoto.

14) Ministry of Health, Labour and Welfare (2017) General survey on working conditions. Available at https://www.mhlw.go.jp/toukei/situation/kouza/roudou/jikan/syurou/17/index.html

15) Ministry of Internal Affairs and Communications (2012) General survey on working conditions. Available at http://www.stat.go.jp/data/shugyou/2012,2018.7.7

16) Kiyomi HIKO, Sachie SUZUKI, Katsuko KANEKO, Kazuko ISHIGAKI, Shuichi OKI (2013) Survey on the care situation of men caring for elderly wife and parents. Ishikawa Journal of Nursing, 10, 37-46.

17) Takanori FUJITA (2015) Karyurujiin. 13, Asahi Shinsho, Tokyo.

18) Katsuhiko OHARA (2016) A subjects who looked younger compared with their twin counterpart had a better survival. Annual report of Cosmetology. 24, 59-171.

19) Kenichiro MOGI (2009) Kesho suru nou. Vol, Shueisha, Inc, Tokyo.

20) Ikuo TAIBO & Osamu TAKAGI (2009) Keshou koudou no shinnrigaku, Kitaooji Shobo Publishing, Kyoto.

21) Akiko MACHIDA (2012) Evaluation of the effect of cosmetic therapy on elderly people on electroencephalogram. Japanese Journal of Geriatric Psychiatry, 23(8), 978-987.

22) Yamamoto KOJI, Akiko MACHIDA, Takata SADAKI, Toru YAGI (2011) Research on the evaluation of effect of make-up simulator with the use of EEG. Papers of the Technical Meeting on Medical and Biological Engineering, IEE Japan MBE, (26), 43-47.

23) Kinuko TAKASAKI, Emiko KISHI, Mistu ONO, Momoe KONAGAE (2010) Jissenkaramanabu - elderly abuse, Japan Nursing Care Association, Tokyo.
CONTENTS

ORIGINAL ARTICLES

Characteristics of Male Caregivers Who Provide Skin Care to a Mother or Wife with Dementia
Midori NISHIO et al. p.1

A Current Status of Care Plans for Independent Excretion in Japan’s Long-term Care Insurance Services
Yoshiko ENOMOTO et al. p.11

Investigation of the Current State of Special Needs Education in High School in Japan; Investigation in Yamaguchi Prefecture
Kai NAGASE et al. p.24

Perception of Dementia by Different Professionals When Discharging
Miki ARAZOE et al. p.43

A Study on the Policy Promotion for the Revitalization of Korean Social Venture
Injae LEE p.61

SHORT PAPERS

Creating a Draft Version of the Self-care Actions in Mental Health for Workers Inventory and Verifying its Content Validity
Eri NAGASHIMA et al. p.77

Physiology and Pathological Characteristics of Children with Physical Disabilities; Medical Treatment and Education
Chaeyoon CHO et al. p.86

REVIEW ARTICLE

Effect of Weight Loss and Exercise Therapy on Obesity-related Respiratory Disorders
Tamao TAKAHASHI et al. p.95

PUBLISHED BY
ASIAN SOCIETY OF HUMAN SERVICES
OKINAWA, JAPAN