

INTERDEPENDENCIES BETWEEN OLDER AND YOUNGER FAMILY MEMBERS



A. Opportunity structure

Geographic proximity facilitates face-to-face contact, which in turn increases the likelihood of exchanges of help in kind (Soldo & Hill, 1993). Frequent face-to-face contact not only reduces the costs of giving, but also helps to make support providers aware of recipients' needs. Exchanges of financial support are less affected by distance because they do not require interaction in person (Litwak & Kulis, 1987).

Intergenerational co-residence (i.e., adults living with their parents) is among the strategies that can be adopted to organize support, economic and otherwise.¹ There are large variations across Europe in the rate of intergenerational co-residence, reflecting historical, cultural and socio-

¹ *The centrality of intergenerational co-residence was evident in the reports of the delegates reporting on intergenerational policies in Armenia and Kyrgyzstan.*

political differences (Billari, 2004; Hank, 2007; Saraceno, 2008; Tomassini, Glaser, Wolf, Broese van Groenou, & Grundy, 2004). The prevalence of co-residence of older parents with their children is lowest in the Scandinavian countries and the Netherlands, highest in the Mediterranean and South-East European countries, while intermediate levels are reported for Central Europe. Co-residence patterns provide little insight into the question of who is supporting whom. Most adults in co-residential arrangements have always lived with their parents.

B. Normative obligations

Family obligations are generalized expectations about family members' responsibilities for each other (Finch & Mason, 1990). They are socially shared and have a normative component. Not only do they reflect the cultural climate in which people live, but also the individual circumstances

in which they find themselves (Daatland & Herlofson, 2003; Finley, Roberts, & Banahan, 1988; Gans & Silverstein, 2006). Family obligations are of interest because they are predictive of support behaviour: they predispose people to behave in a certain way. Elderly American parents who strongly agreed with the view that family members should support each other were found to provide their children with more practical and financial help than parents who did not share this view (Lee, Netzer, & Coward, 1994). Another American study showed that young adults who felt highly responsible for the well-being of their parents gave their parents more practical support than young adults with a weaker sense of responsibility (Stein, Wemmerus, Ward, Gaines, Freeburg, & Jewell, 1998). Research in the Netherlands has shown that the more strongly older adults and their adult children felt that children and parents should support each other, the more instrumental support the parents received (Klein Ikkink, Van Tilburg, & Knipscheer, 1999).

Family obligations are also of interest because they serve as a source of information for policymakers (Van Bavel, Dykstra, Wijckmans, & Liefbroer, 2010).

The answers to questions about people's wishes for care and about the types of care people are prepared to give, provide insight into the extent to which policy measures are in keeping with public attitudes. They also offer tools for developing policy that enables or promotes the application of personal preferences.

Is there correspondence between public opinion and policies? Support for norms of family obligation tends to be lower in generous welfare States (Daatland & Herlofson, 2003).² This pattern is observed in figures 4 and 5, which show the strength of feelings of filial obligations among younger and older adults in different GGP-countries. Figure 4 measures responses to the statement, "Children should take responsibility for caring for their parents when their parents are in need". Inhabitants of East European countries are more likely to endorse that statement. A stronger east-west contrast emerges

² The delegate from the Czech Republic rightfully pointed out that cause and effect are difficult to unravel here. Have weak feelings of family obligation been the basis for developing public care services, or does the availability of public care services allow people to refrain from endorsing responsibility for dependent family members?

Figure 4

Agreement with the statement that "Children should take responsibility for caring for their parents when their parents are in need" (0, strongly disagree; 4, strongly agree), GGP-countries

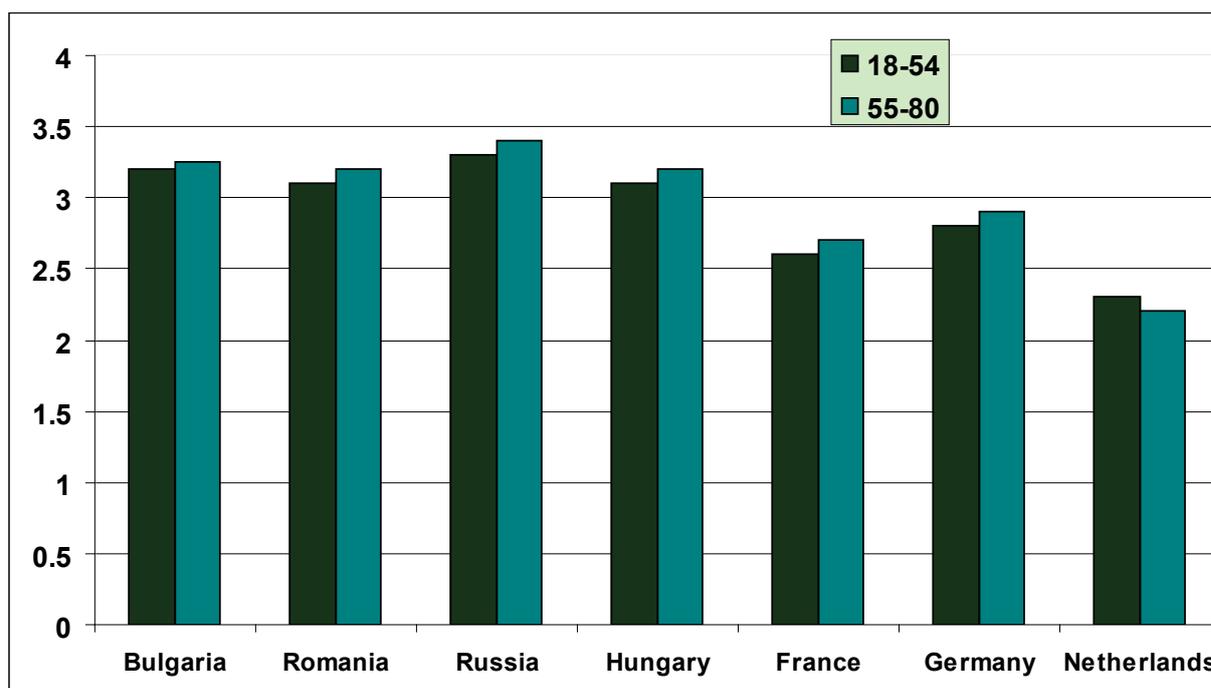
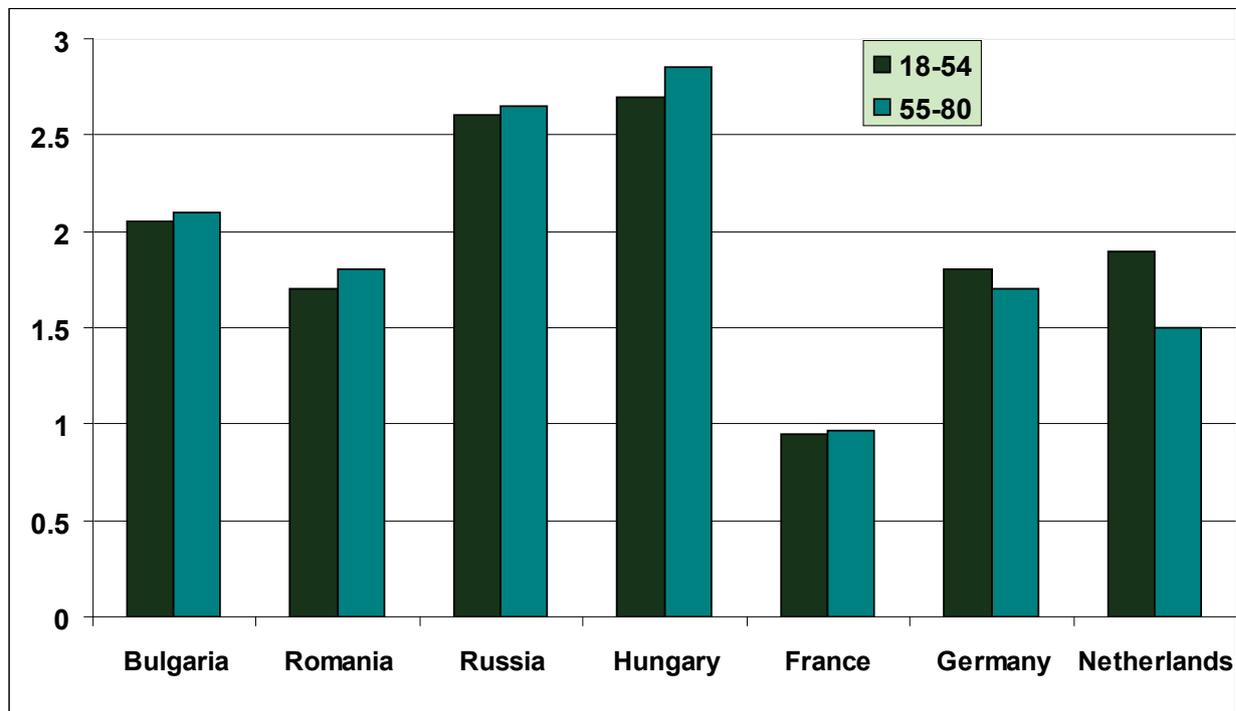


Figure 5

Agreement with the statement that “Children should adjust their working lives to the needs of their parents” (0, strongly disagree; 4, strongly agree), GGP-countries



in reaction to the assertion “Children should adjust their working lives to the needs of their parents” (figure 5). The latter alludes to greater commitment and sacrifice on the part of children. Given the more limited public welfare system in Eastern as opposed to Western European countries, it should not come as a surprise that Bulgarians, Russians, Romanians and Hungarians more strongly believe that it is important to provide help to family members in need than do the Dutch, Germans and French.

Intergenerational interdependencies are also formalized in family responsibility laws. Maintenance obligations both upwards and downwards are quite widespread in Europe and, depending on the country, involve differentiated sets of relatives and generational levels (Saraceno & Keck, 2008).

C. Actual exchanges

Patterns of exchange in families tend to be described in terms of a north-south gradient. Intergenerational transfers of time and money among non-co-resident family members tend to be less frequent in the Nordic than in the Southern European countries, with the Continental European countries being somewhere in the middle (Albertini, Kohli and Vogel, 2007;

Haber Kern & Szydlik, 2010; Ogg & Renaut, 2006). Earlier work has rarely included East European countries, where co-residence of generations is widespread.

Compared to previous data-collection efforts, the GGP has the advantage that it includes East European countries and has information on exchanges with family members both in and outside the household. Figure 6 shows the proportion of adult men and women who answered “yes” to the question “Over the last 12 months, have you given [your mother and/or father] regular help with personal care such as eating, getting up, dressing, bathing, or using toilets?” Of the entire adult population, fewer than 5 per cent are involved in the provision of personal care to parents. The likelihood of providing personal care to parents is higher in East European than in West European countries, but the cross-national differences are not large. Figure 7 shows the proportion of adult men and women who answered “yes” to the question “Over the last 12 months, has [your mother and/or your father] talked to you about [his/her/their] personal experiences and feelings?”, which is an often-used measure of emotional support. Taking all countries together, approximately 11 per cent of adults emotionally

supported their parents in the past year. Clear east-west differences are not observed.

Figures 6 and 7 underscore the gendered nature of exchanges in families: daughters tend to be more heavily involved than sons in providing care, domestic assistance and emotional support to ageing parents. Gendered roles stressing daughters' kin-keeping and daughters' presumed expertise in carrying out, what their societies regard as typically feminine tasks related to care giving, are among the underlying mechanisms (Gerstel & Gallagher, 2001; Horowitz, 1985).³

The direction of intergenerational support flows is primarily downward. Parents become net beneficiaries of help only at an advanced age. The “substitution” hypothesis — the view that public transfers crowd out private transfers — has received little empirical support in studies of Western

welfare systems. More support has been found for the “complementarity” hypothesis, indicating that generous welfare States enable families to redistribute their resources and to provide the kind of care that they are best equipped to provide (Haber Kern & Syzdlík, 2010; Kohli, Kunemund, Motel, & Syzdlík, 2000; Lowenstein & Daatland, 2006; Motel-Klingebiel, Tesch-Roemer, & Von Kondratowitz, 2005).

³ The delegate from Sweden described measures that are being introduced by the national Ministry of Health and Social Affairs to get more men interested in pursuing careers in elderly care. The measures will of course not only benefit men, but also women working in care services and the health field. They include the introduction of minimum skill requirements, a nationally recognized job title and career specializations, such as in caring for patients suffering from dementia, palliative care, rehabilitation, and meals and nutrition.

Figure 6

Proportion of men and women aged 18–80 providing personal care to parents, GGP-countries

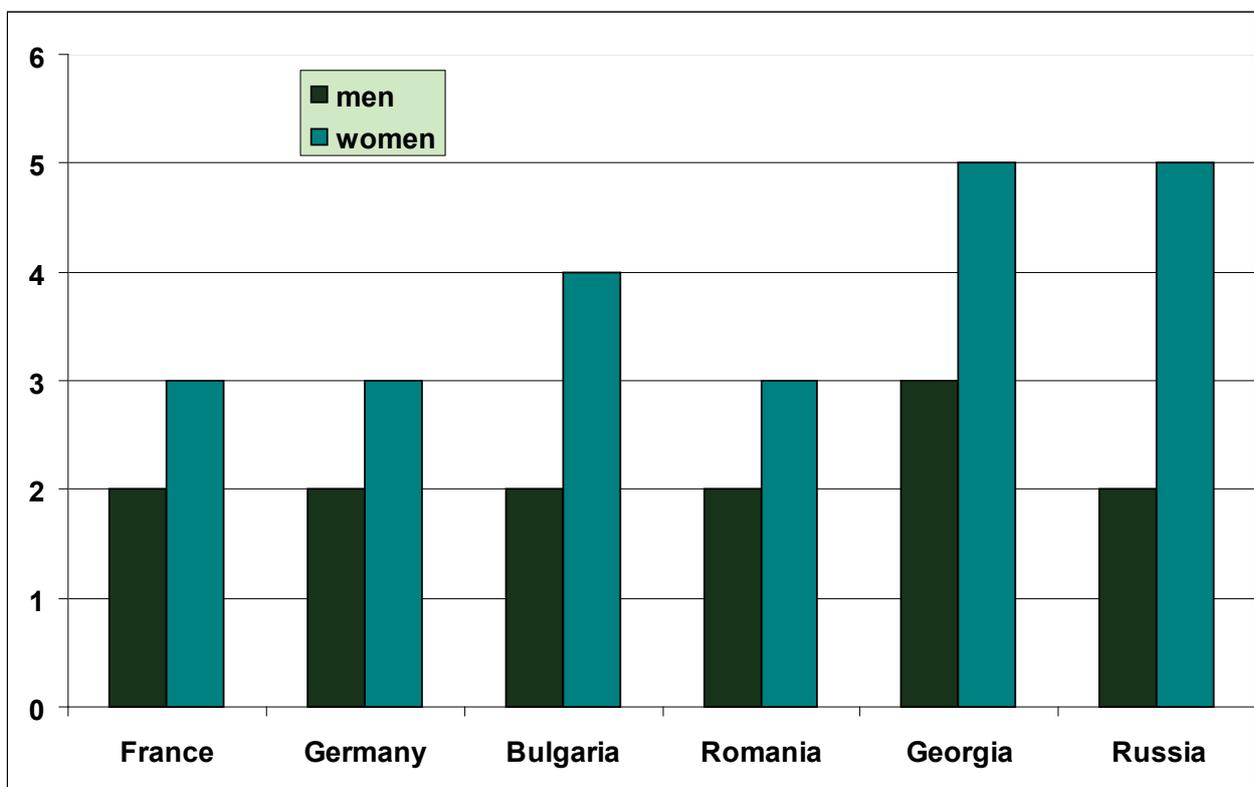


Figure 7

Proportion of men and women aged 18–80 providing emotional support to parents, GGP-countries

