

Ageing and intergenerational solidarity: Importance and implications of changing trends

Emily Grundy

Thijs van den Broek and Marco Tosi



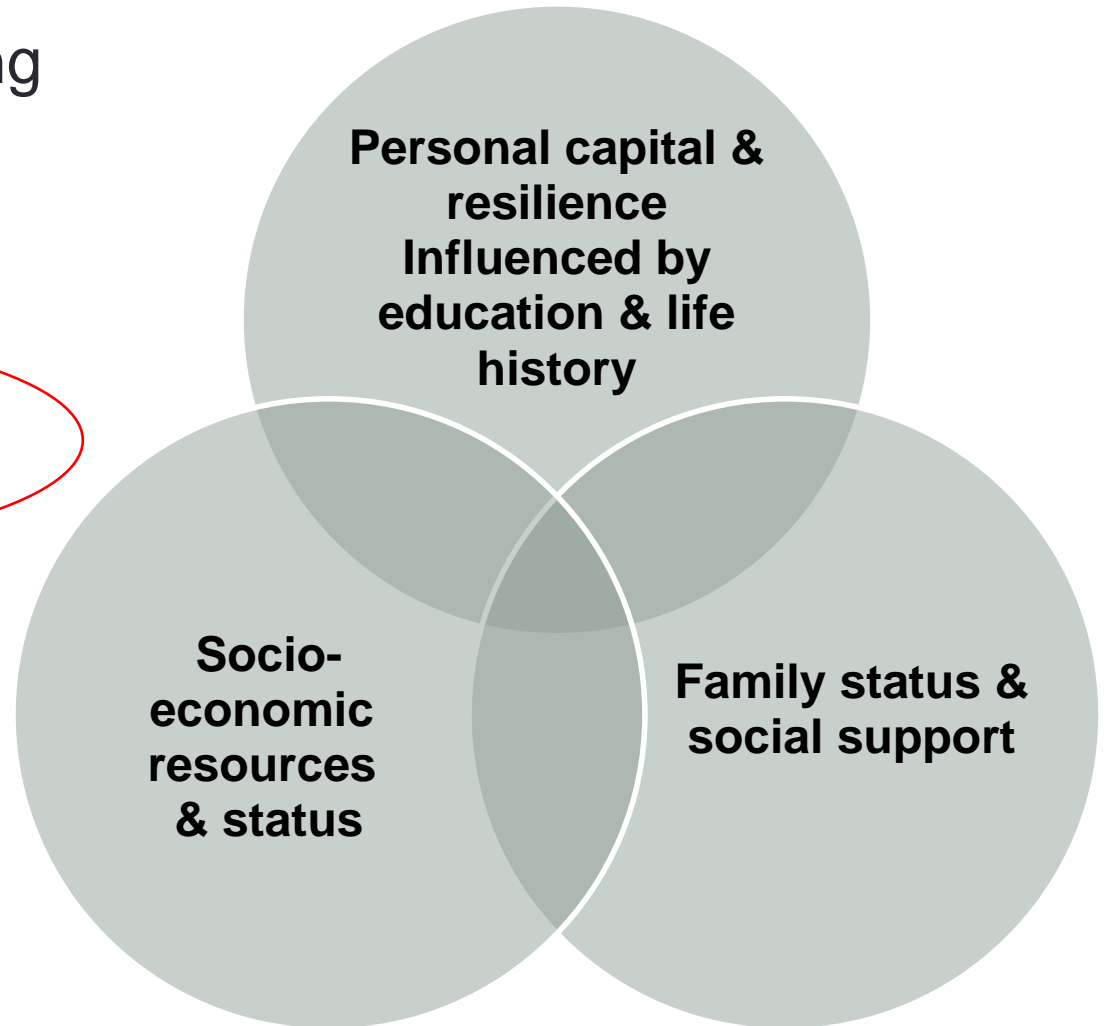
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FAMHEALTH

Health & well-being in later life: macro and micro challenges and influences

Policy concerns in ageing societies

- Finance/work & retirement
- Family exchanges and support
- Health and disability
- Gender
- Environmental policy

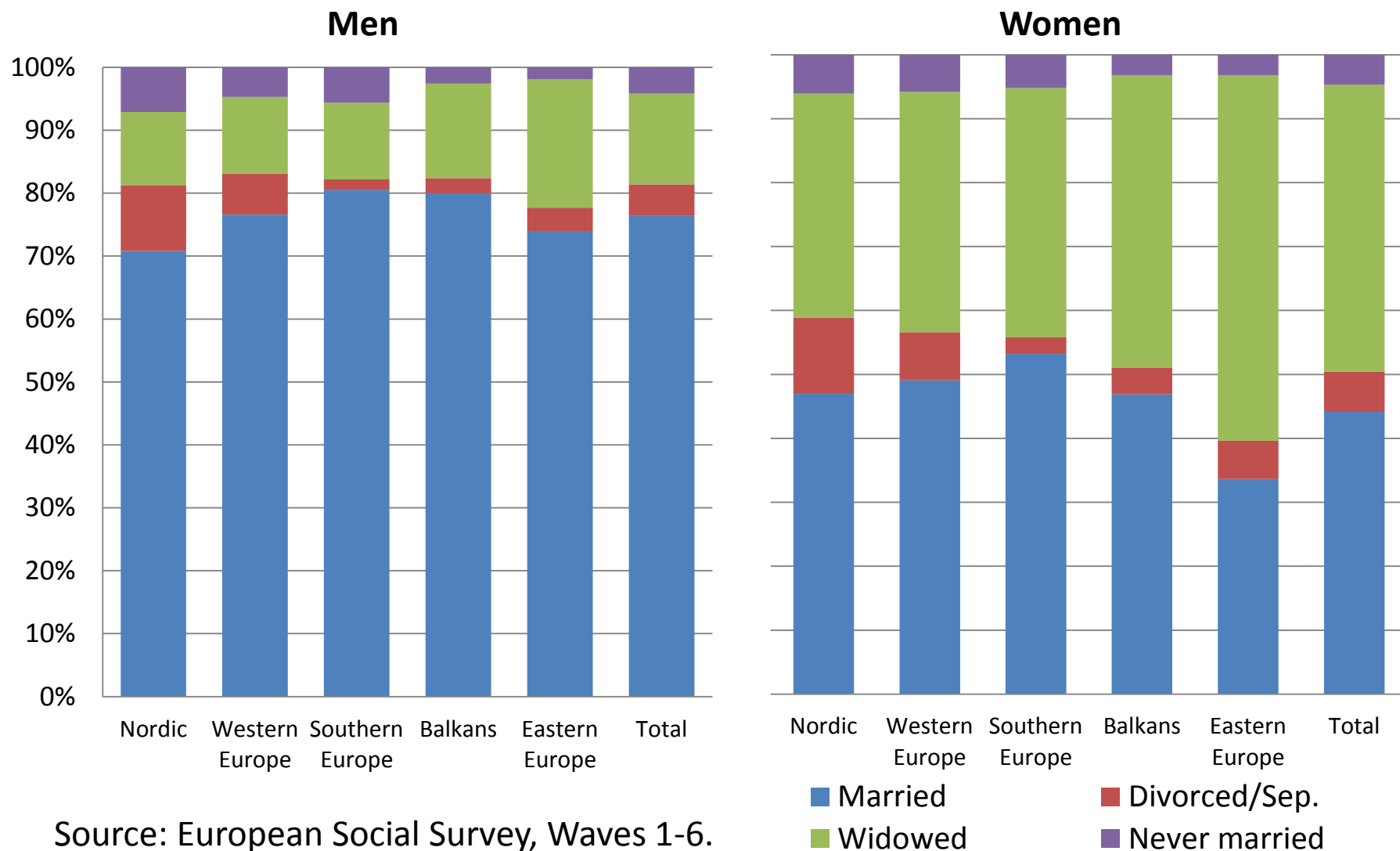


Availability of close family for older people in Europe:



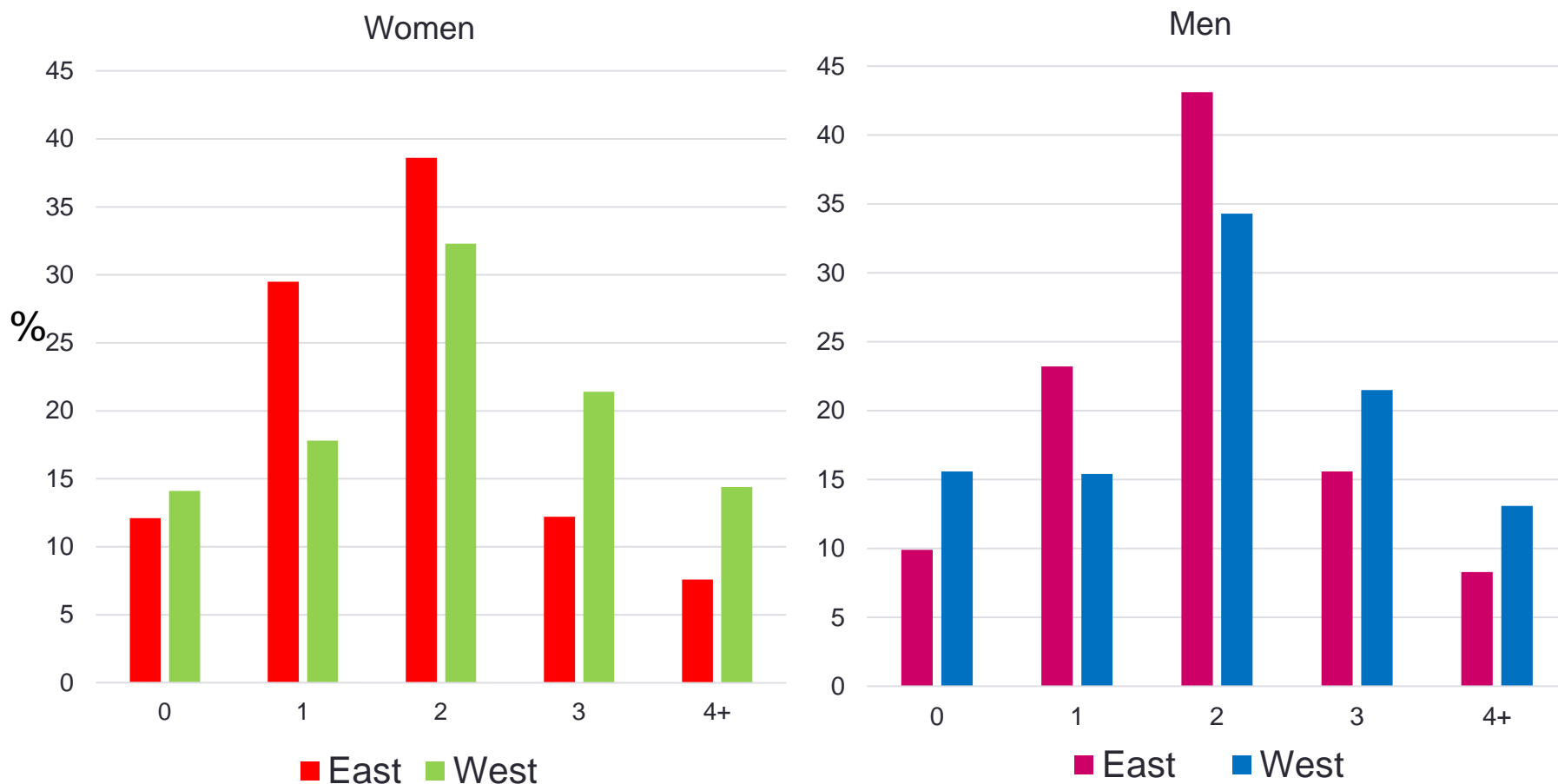
- Reduced mortality especially among men has **increased the proportion of older people who are married** and reduced the proportion of women who are widowed – but large regional differences
- Trends are affected by marital and parenthood histories; those born in the **1940s had the highest rates of marriage ever experienced**, more early parenthood and less childlessness than earlier or later cohorts
- **This favourable trend is now starting to reverse** as those born in the 1950s enter older age bands
- ‘Second demographic transition’ type changes among those born mid 1950s onwards (increased individualism, growth of **divorce** and non standard partnership trajectories) may impact on family support

Marital status distribution (%) by region and gender, people aged 65 and over, 2002-2012



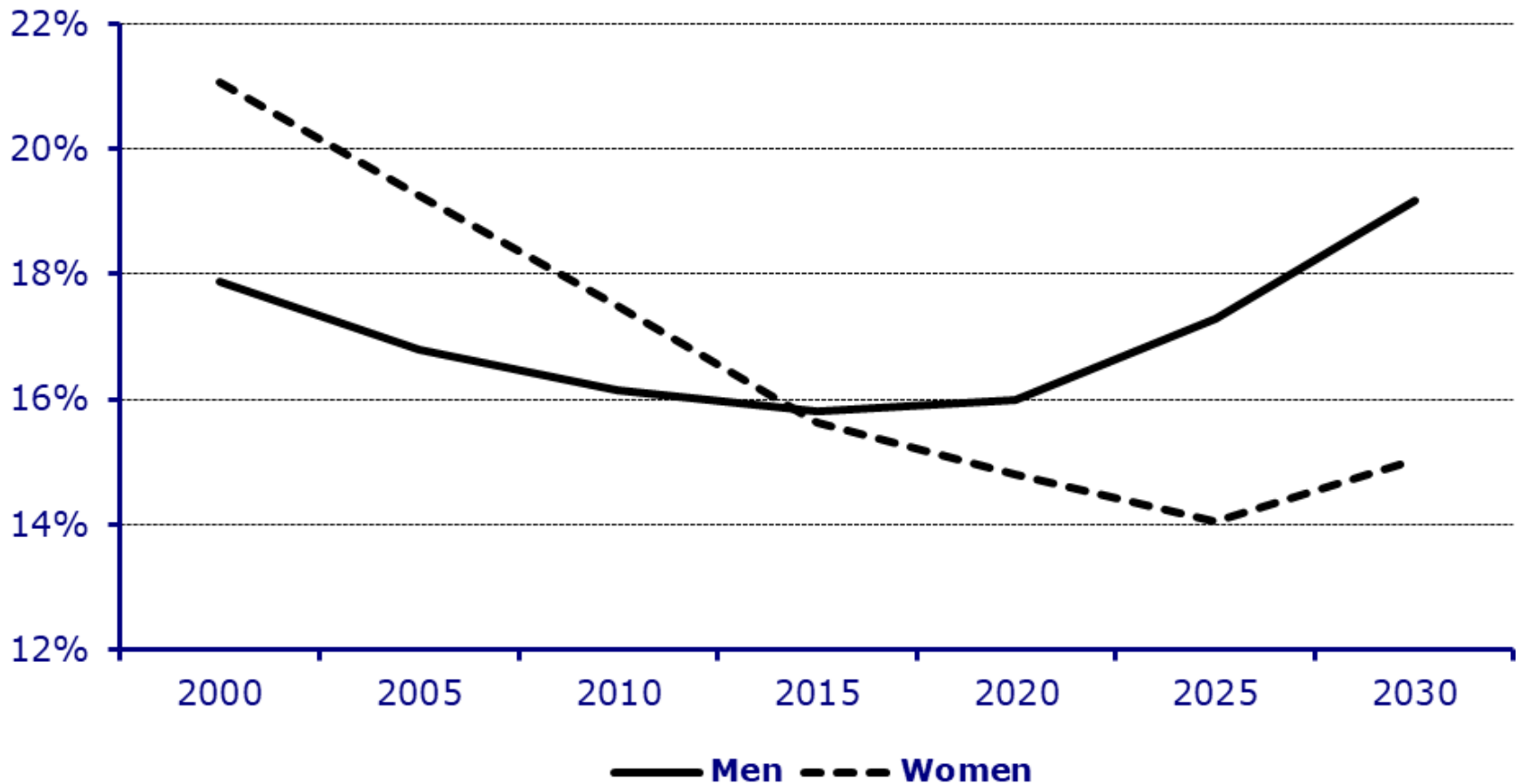
Distribution of 65-80 year olds by number of living children:

GGS Eastern (Bulgaria, Czech Rep, Georgia, Romania, Russia) and **Western** (Belgium, France, Norway, Sweden)



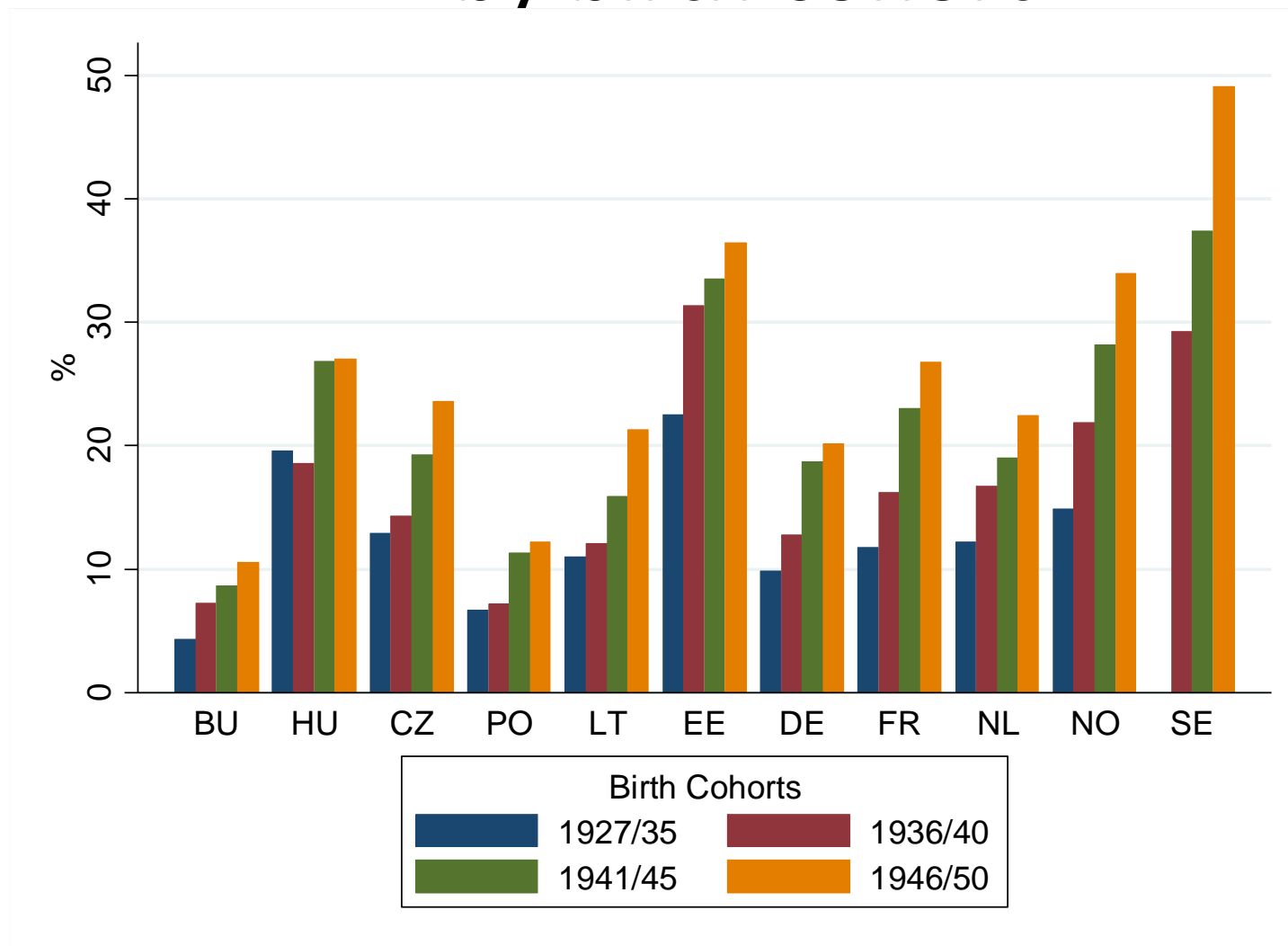
Proportion of men and women aged 75+ without living children : all FELICIE countries combined.

(Belgium, Czech Republic, Germany, Finland, France, Italy, Netherlands, Portugal, England & Wales)



Source: Analysis of FELICIE data in Tomassini, Grundy et al 2007.

% ever-divorced/separated by age 55 by birth cohort

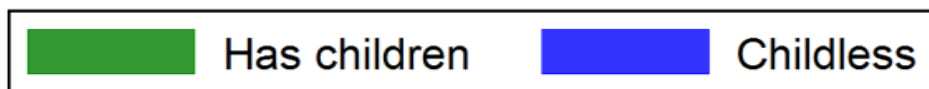
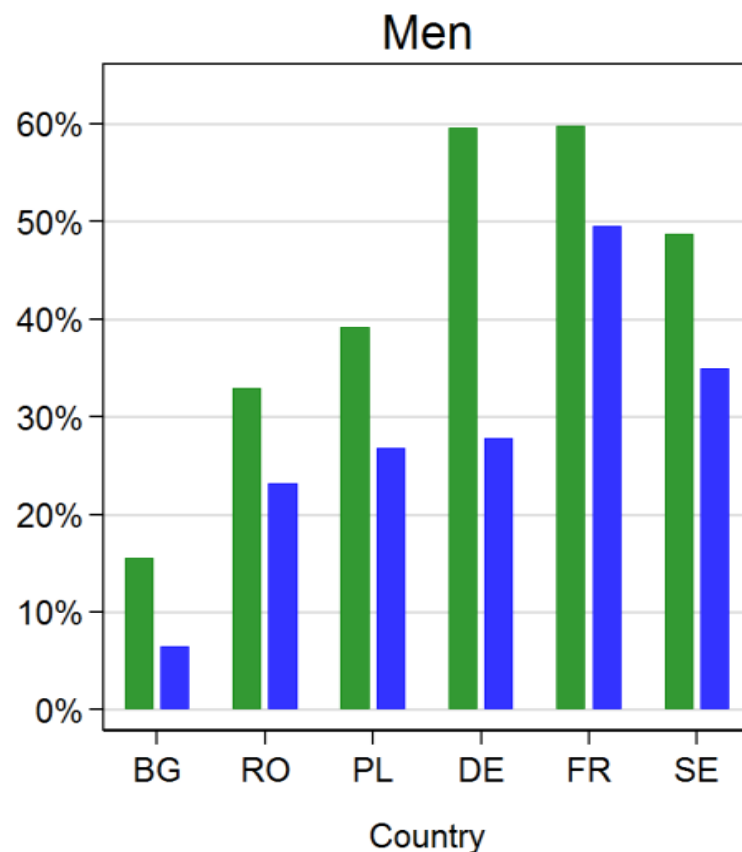
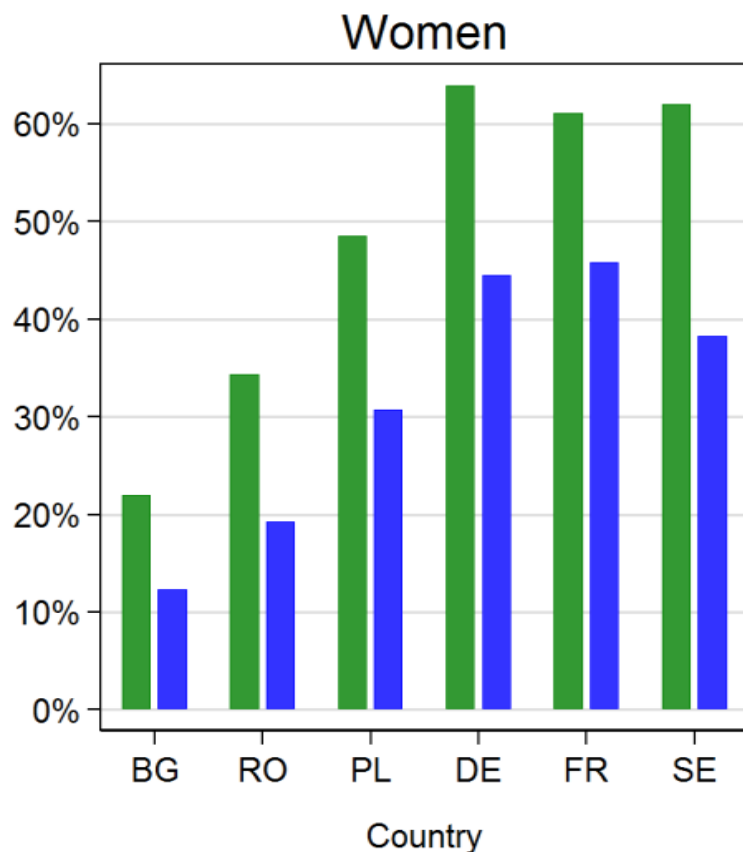


Source: GGS Wave 1; data are weighted
sample of people who had at least one partner in life

Does it matter? Family and household influences on health and well-being

- Family identified by older people as one of the most important domains of life
- Better health and lower mortality among married people; Marital and fertility histories associated with health and mortality
- Reported associations between living alone/few social contacts and risk of cognitive decline.
- Recent study showed that older people who saw friends and family 3+ times a week were half as likely as others to develop depression; for those 70+, contact with family most important (*Teo et al, JAGs, 2015*)
- Unmarried/childless make greater use of formal health and social care
- 'Linked lives': misfortunes of individuals affect those around them

Partnerless people aged 65-80 agreeing with statement 'There are many people I can count on completely'



Source: Generations and Gender Surveys, Wave 1; data are weighted

Intergenerational support in Europe:

From children to elderly parents associated with:

- . Low education +
- . Female gender +
- . Few siblings +
- . Parental disability +
- . Mother a widow +
- . **Father divorced –**
- . Living in Southern rather than Northern Europe +
- . Reciprocity +

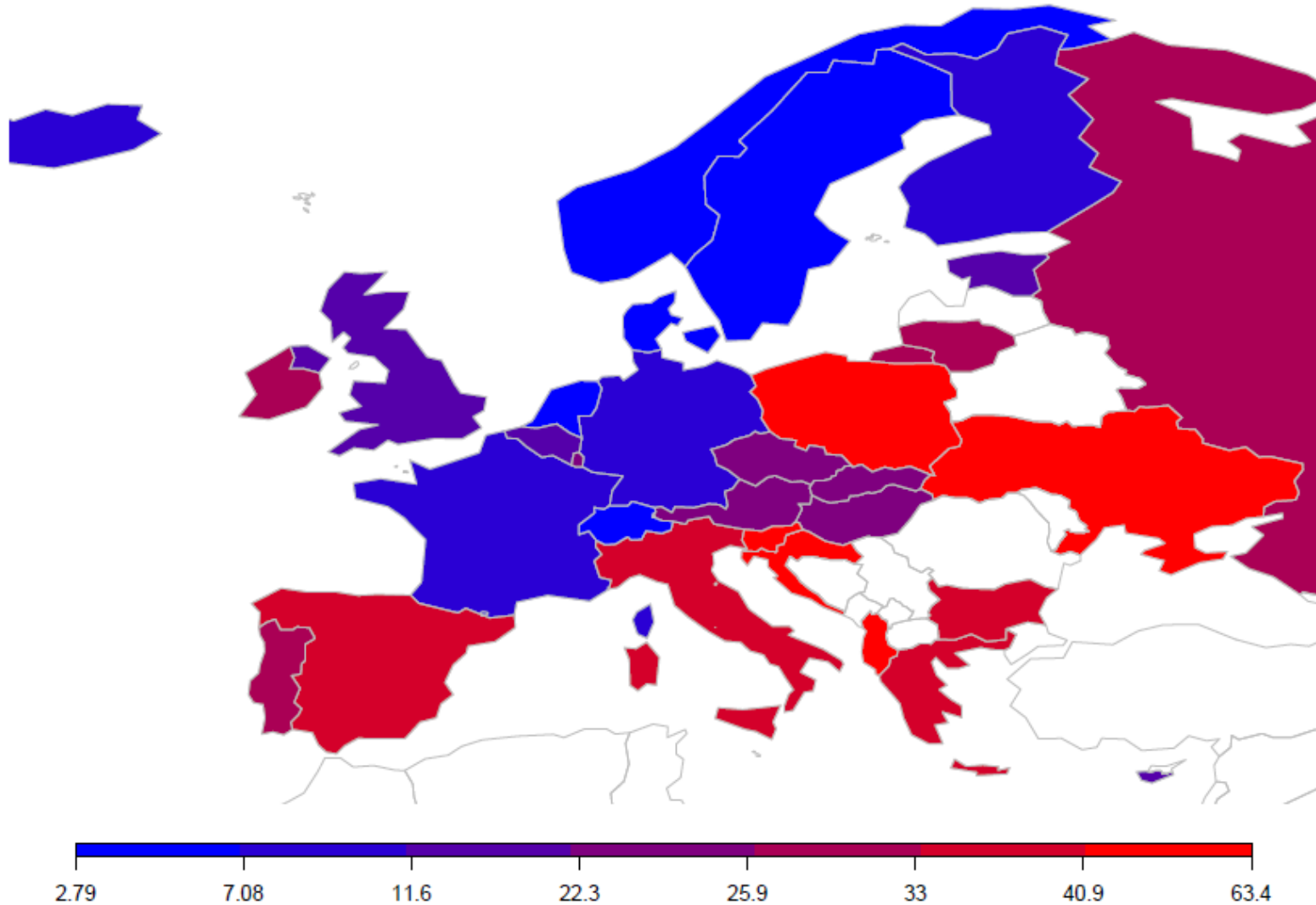
From older parents to adult children associated with:

- . Higher income +
- . Home owner +
- . Low disability +
- . **Being a divorced man –**
- . Children's age and proximity
- . Reciprocity +
- . Living in Southern rather than Northern Europe +

Less variation between social groups in Southern than in Northern Europe

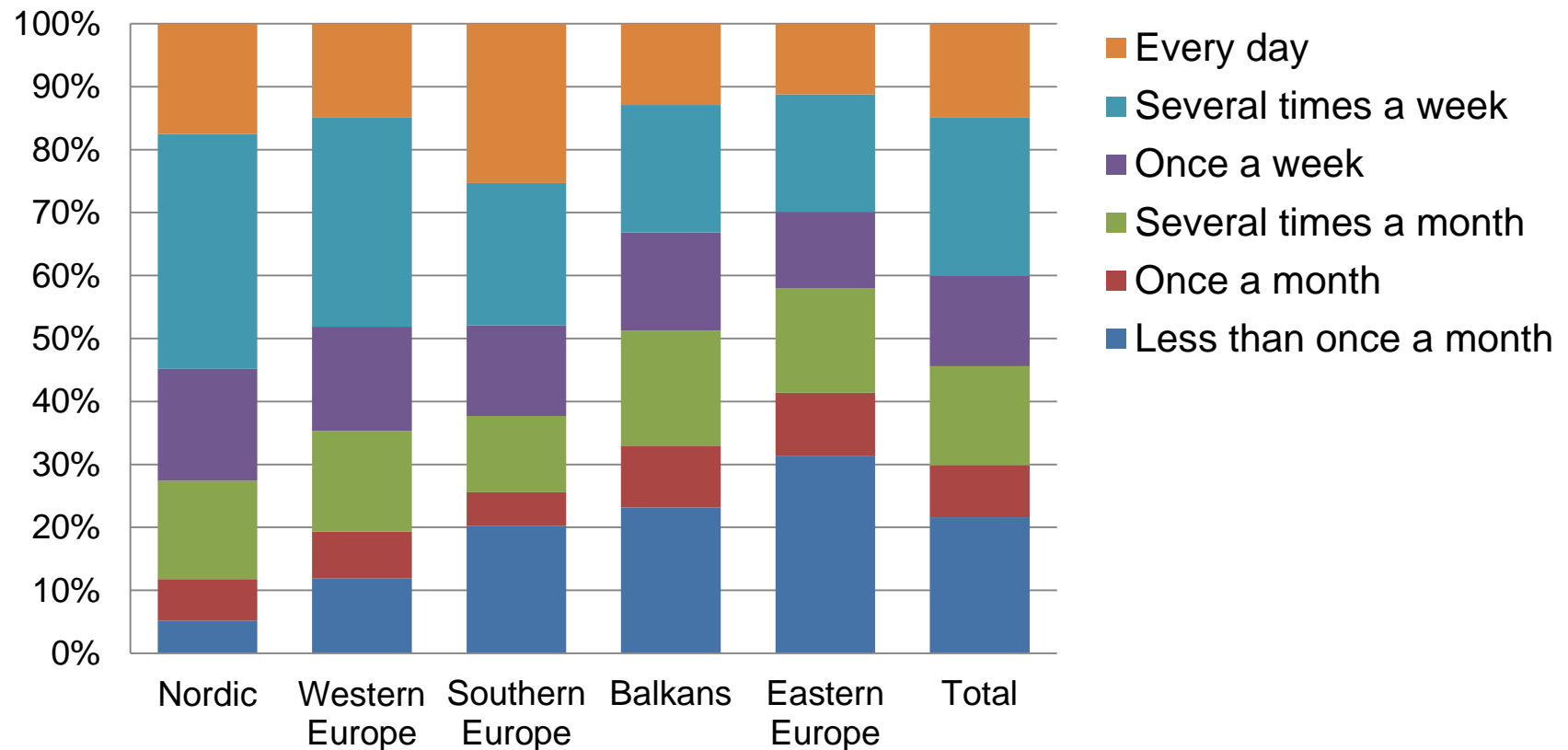
Less known about East-West differences

Percent Living with Child (unpartnered widowed aged 65+)



Source: European Values Survey, Waves 1-6. (2002-2012)

Widowed people aged 65+: How often meet socially with friends, relatives or colleagues (%)



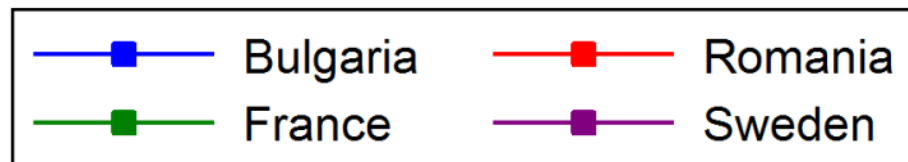
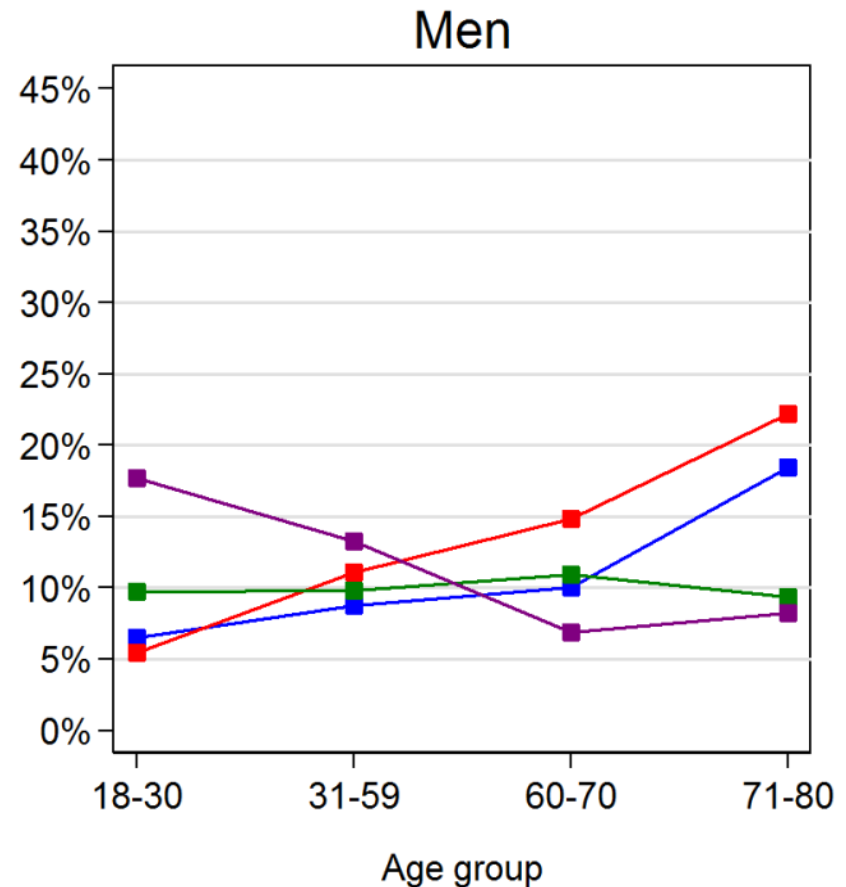
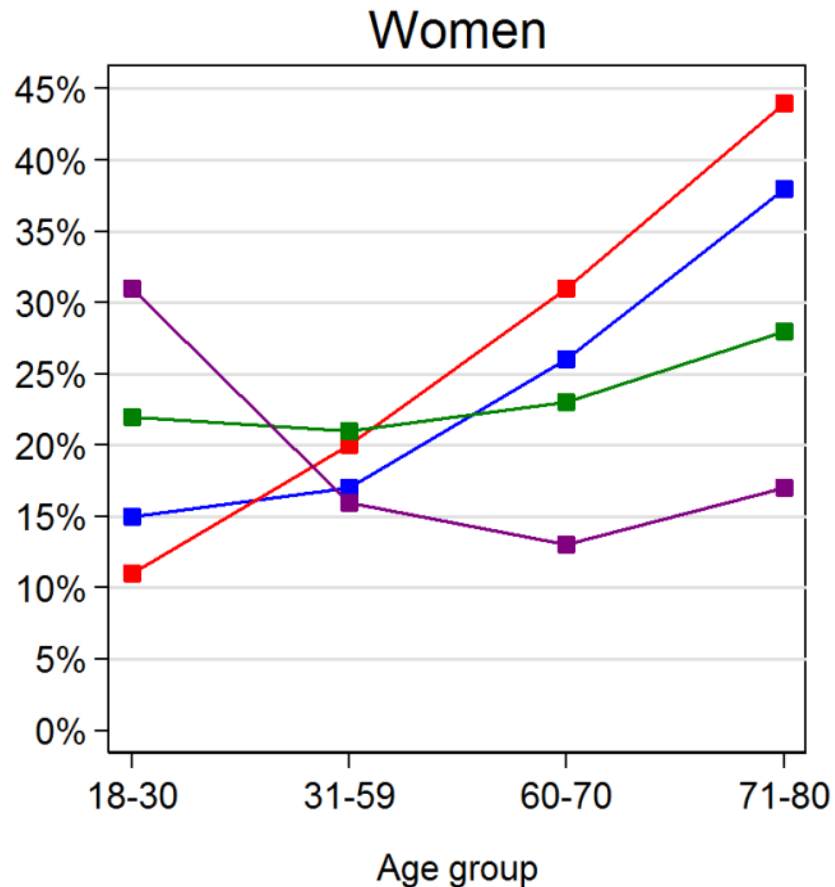
Source: European Social Survey, Waves 1-6. (2002-2012)

Depression among older people: are children protective? East v West



- Availability of children may be especially important in Eastern Europe because:
 - Much higher rates of widowhood
 - Past lower rates of childlessness, but also more one child families-high rates of migration among young – may lead to lack of available child and feelings of regret about past family building
 - Mismatch between expectations and actualities: previously relatively generous pensions and health care access eroded
 - Much higher rates of material hardship so greater need for support
 - Stress arising from social upheaval; resurgent familialism
- Are children therefore more important for mental health in Eastern than in Western Europe?

Prevalence of depression by age and country



Measures

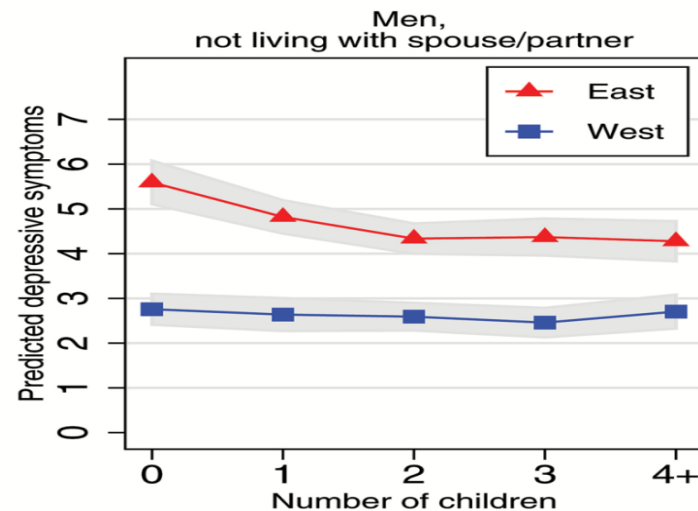
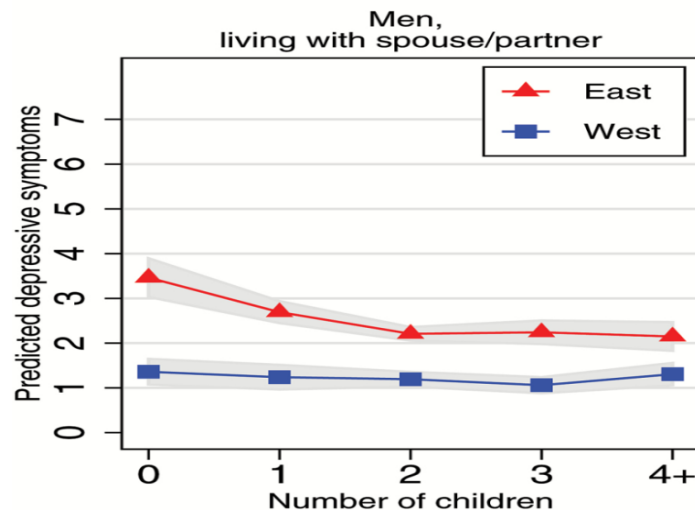
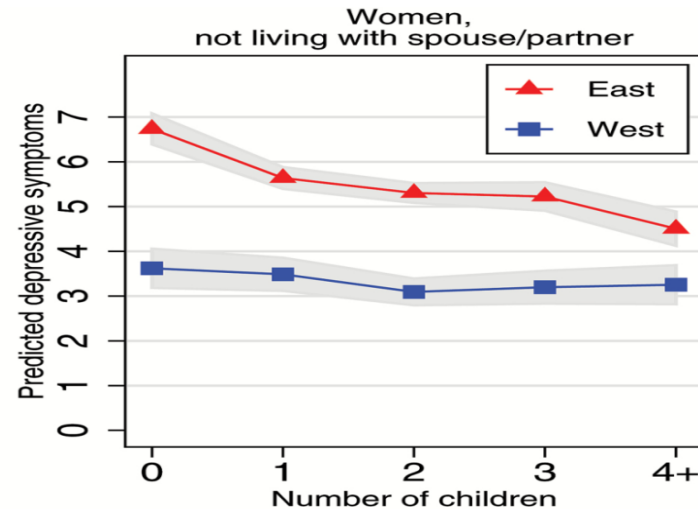
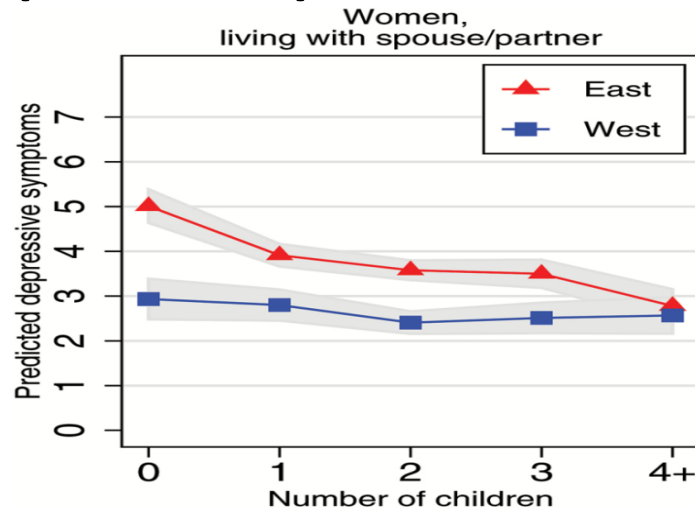
- **Depressive symptoms**: GGS: Short version of CES-D – 7 items from depressed affect subscale each scored 0-3, total score 0-21
- **Partnership**: current spouse/co-resident partner;
- **Number of living children**: 0, 1, 2, 3, 4+
- **Emotional support** (“have you talked to anyone/anyone talked to you about their personal experiences and feelings?”)
- **Financial support** (given/received “for one time, occasionally, or regular money, assets or good of substantive value”)

Sample for study:

Wave 1: **West**: Belgium, France, Norway, Sweden.

East: Bulgaria, Czech Republic, Georgia, Romania, Russia.

Predicted mean depressive symptoms at baseline by partnership status and number of children: East v West



Discussion

- Results support our hypotheses that partnership and children more important for mental health in Eastern than Western Europe
- Collapse of the Soviet Union an extreme form of policy shock – but post 2008 many countries a lesser shock in form of austerity policies and loss of income
- Those with fewer close family links may need special protection from such measures.

Policy dilemmas

- Policies to extend length of working life may reduce help from older people to children and grandchildren – could weaken bonds of reciprocity
- Reducing state support for older people and requiring more of families could lead to conflicts with other roles (e.g. raising children themselves)
- Targetting supports on elderly living alone/lacking family support could over burden and discourage family care; providing more support could 'crowd out' family care
- Both research and policy making requires consideration of the life course, intergenerational linkages and differences between successive generations.