Ageing and intergenerational solidarity: Importance and implications of changing trends

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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

- Personal capital & resilience influenced by education & life history
- Socio-economic resources & status
- Family status & social support
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

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

% 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 +
- Reciprocity +

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+)

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

Women

- Bulgaria
- Romania
- France
- Sweden

Men

- Bulgaria
- Romania
- France
- Sweden

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

From: Number of Children, Partnership Status, and Later-life Depression in Eastern and Western Europe
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.