

***TITLE: QUALITY OF INTERGENERATIONAL RELATIONSHIPS AND CARE FOR THE ELDERLY***

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Background and purpose of the research:

Population ageing (especially double ageing) accompanied by changes in family and household structures and interrelationships between generations contribute to an increase in demands for elderly care in terms of both care provision and its structure by type of services. Especially, the middle-age generations are under a pressure of care demands – their members are still responsible for children (predominantly due to postponed parenthood) and simultaneously they are faced with care demands of their parents. And a majority of so-called ‘sandwich generations’ is constituted by women. Findings coming from the Second Quality of Life Survey 2007 show that care consumes the majority of time allocated to household activities (Kotowska et al., 2010; Kotowska & Styrc, 2010). The total care time of Europeans aged 35-49 is higher than that of those aged 50-64. Taking into account an asymmetric divide of care by gender in both indicators of the care involvement i.e. time and frequency of care one can show that employed mothers - especially those at age 35-49 - take a disproportional share of work.

The increasing burden of the middle-aged generations is influenced by diverse social, economic and cultural settings (e.g. Pfau-Effinger & Rostgaard (eds), 2011; Saraceno (ed.), 2008), Especially, care regimes, women’s labour market involvement and living arrangements of the elderly seem to be decisive factors. In some countries carers may be supported by public services in their duties, whereas in others they either do not receive any support or that

support is quite limited. Also living arrangements of the elderly are remarkably diversified across countries. Living in one-person households by people aged 65 and more is observed less in the CEE countries than in the EU15 countries (Kotowska et al., 2010). In general, older men can rely on their partners while they are in need. Older women live alone more frequently than older men - their share ranges from 20% in Turkey to 66% in Norway. Moreover, in two thirds of the countries under study the percentage of older women living alone exceeds 40%.

In general, studies in field have shown that there is a strong division between northwestern, southern and eastern European countries with respect to living arrangements and care regimes. More specifically, the European countries can be situated on the continuum of *familialisation* and *de-familialisation* of elder care (e.g. Saraceno (ed.), 2008, Saraceno & Keck, 2010). Furthermore, there is a strong link between care regimes, living arrangements and opinions on responsibility for elderly care in a country. This may be reflected by a quantum of care provided and its types as well as by a likelihood of (giving and receiving) care. The most care is provided within the family network, especially by women (i.e. wife, daughter, daughter in law).

This paper will focus on care provided by adult children to elderly parents only. We presume that the quality of relationships between parents in need and their adult children may be a good predictor of received/ provided care. The main aim of the paper is to study effects of the quality of relationships between parents and adult children on the likelihood of care transfers. What is more, we would like to take into account attitudes towards responsibilities of care for the elderly and their influence on a probability of care provision.

#### Data and methods:

The data used come from the Generations and Gender Survey, the panel survey carried out in selected European countries. The countries representing different care regimes and living arrangements are to be selected for the study (i.e. Poland, France, Belgium, Netherlands, Romania, Germany, Estonia). The logistic regression models will be applied. The dependent binary variable describes a fact of giving/receiving care. The models will include not only the basic demographic individual variables describing givers and receivers of care (sex, age, marital status, place of residence, level of education, health status), but also their living arrangements (living alone, with partner only, with partner and other people, without partner but with other people), the labour market participation and household income.

The spatial proximity and a frequency of contacts between parents and adult children will be also taken into account. Moreover, the variables describing the quality of relationships between parents and adult children will be also incorporated into the models. Additionally, in order to capture the influence of care attitudes the data about opinions on responsibilities of elder care will be used to define main patterns (by a principal component method), which will be accounted for in the regression models. Finally, the variable reflecting a country-specific context will also be considered among the explanatory variables.

#### Main expected results:

It is expected that the individual characteristics both of an old person and adult child will have significant influence on a probability of care provision. In particular, the health status of an old parent will be the main determinant of giving/receiving help as well as a spatial proximity. We assume that in the countries with a high degree of *de-familialisation* of care the likelihood of providing support to the elder parents will be lower than in more familialistic countries. Furthermore, the better quality of the relationship the higher chances of giving support to the elderly parents.

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