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# FAMILY SUPPORT NETWORKS AND POPULATION AGEING

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The present publication contains submissions by the Experts and other materials of the above meeting.



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## INTRODUCTION

While the literature on intergenerational transfers in societies in the very late stages of a demographic transition is voluminous and growing at the same pace as do the pressures they face from the aging tide, the same is not true in societies whose fertility declined to low levels only recently. And yet, because of the demographic nature of the process of aging throughout these societies—compressed in a fraction of the time it took in more advanced societies and under precarious economic conditions and fragile institutional contexts-- the issue of support for the elderly is being felt on a larger scale and the problems that it generates are assigned more urgency.

This volume, a result of a seminar held in Qatar during June of 2009, is an attempt to identify the more salient issues related to elderly support facing societies where aging is occurring much more suddenly than in North America and Europe. Some of these problems are common to all societies experiencing aging and some peculiar to those that have joined the low fertility level group only recently. The volume attempts to cover a wide ranging set of issues, from those purely demographic involving hard constraints on kin availability to those involving transfer rules rooted in cultural norms. The effect of the changing institutional context— macroeconomic performance, state policies and the operation of private markets—creates a large canvass within which the resource availability for the elderly are negotiated and allocated. The elderly' fortune or misfortune will be decided and settled within a complex ground where new ideologies, new fertility regimes, new morbidity and mortality patterns as well as a new balance between private markets and state based interventions, will seek mutual accommodation not without frictions nor conflicts both within the family and in the larger public arena.

It is our hope that the papers discussed in the seminar, of which this volume includes extended summaries, will help to stimulate the nascent body of research on intergenerational transfers with a specific focus on those societies newly arrived to the modern world of aging.

# FAMILY SUPPORT NETWORKS AND POPULATION AGEING

## A Summary Statement

Alberto Palloni<sup>1</sup>

### 1. Objectives of the meeting

Ageing of human populations is perhaps the single most important population challenge facing societies in the twenty-first century. Although in developed countries population ageing has occurred gradually and over relatively long stretches of times, this is not so in developing countries where the age structure is changing more rapidly and in a much more contracted period of time. A compressed transition toward an older population age structure generates a completely different set of challenges which we are only now identifying and are ill-prepared to solve.

Compressed aging is accompanied by a number of changes that could threaten or weaken extant mechanisms of elderly support. First, the social fabric of traditional family relations is changing due to declining fertility, intense rural to urban and international migration and, not less importantly, a change in values and norms that could impair the effectiveness of the traditional intergenerational social contract that helps to generate support for the elderly. Second, in many low income countries the role of the state and the public sector in general is either weakening or inexistent altogether. This feature, in combination with widespread poverty and massive inequalities, create conditions that are unfavorable to the development of even minimal safety nets for the elderly.

Sooner or later the demand for care of older persons will take priority in the policy agenda of most low income countries, as it has already happened in the developed world. But those countries experience massive constrains. Health systems are woefully inadequate to supply adequate care of their general populations, let alone of older people. Government policies and programmes typically give low priority to the concerns of older persons as in many of these countries the expectation is that the family will take on responsibilities of caring for the elderly family members, thus relying on an unwritten social contract of intergenerational relations. But families are changing, marriages are occurring later, marital disruption is more frequent, and the increase in female labor force participation usually means added demands on older people and/or increased restrictions in the supply of care for elderly. If governments and families cannot address the needs of older persons, informal and spontaneously emerging community organizations may come to the elderly's partial rescue. But these are new forms of social organization - almost surely only partial remedies to the growing demand for elderly support – and we know very little about them

The above scenario poses a number of questions addressed during the meeting:

- a. How are developing countries meeting the growing demands from a rapidly ageing population?
- b. How does the changing family structure reformulate and redefines the intergenerational

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contract? What are the feedback mechanisms of potentially lower family support? Does it lead to lower fertility of future generations as the old-age security motive for childbearing weakens?

- c. How is the state positioning itself vis-à-vis the family to articulate support for the elderly?
- d. What is the role, if any, of non-governmental, community and faith-based organizations in filling the niche created by the diminishing role played by the government and the family?

## 2. Themes

The seminar addressed five topics: changing family structure, nature of intergenerational transfers, elderly health and caregiving, elderly security and social integration and, finally, the role of the state and informal organizations. The bulk of the discussion focused on the role of the family in providing health-care and income security under different conditions, the role of government versus that of the family in the provision of support to the elderly; and the potential importance of community, faith-based, and non-governmental organizations.

### *2.1. Changing family structure, coresidence and intergenerational solidarity*

The background paper (Palloni) laid out some of the most basic transformations of the family, those associated with availability of kin for coresidence. But there are a myriad other changes, including family disorganization induced by divorce or by migration (Glaser; Knodel; Silverstein), the effects of reduced fertility (Billari) as well as some potential changes in ideology that may erode intergenerational solidarity (Palloni; Billari; Knodel). However, the evidence is not always consistent with this conjecture. Longitudinal evidence from Thailand suggests that intergenerational support flowing from children to parents does not seem to abate (Knodel). As Knodel puts it “The results suggest that many aspects of intergenerational solidarity persist although the forms taken may be altered as both older age parents and adult children adapt to changing circumstances.” In the case of Korea, Kim finds that despite a decline in the Confucian tradition of filial piety, a majority of elderly (70 percent) received financial transfers from children, transfers accounted for about a quarter of the average elderly person’s income, and they constitute the main mechanism to prevent poverty. While urban-rural migration is a demographic transformation that could curtail intergenerational exchanges, evidence from China suggests that intergenerational support of parents by migrant children has not vanished, it is still prevalent and provides a number of psychological benefits to the parents whose children have migrated (Silverstein; see also Knodel). Furthermore, even in Western Europe, and despite sweeping changes in family structure and noticeable reductions of coresidence, much of the needed support and care for the elderly is still being provided by families (Grundy).

Thus, though many have anticipated severe cracks in the intergenerational contract (Grundy, Palloni), the overall weight of the evidence suggests that family support of elderly remains quite prevalent both in low and high income countries.

## *2.2. Elderly health and care giving*

There is quite a bit of evidence suggesting that, as altruistic theories would predict, support from children to parents is especially significant when the health or disability status of the elderly falters. Papers presented at the meeting confirmed this regularity (Cobb-Clark; Thang; Palloni). In some studies it is shown that observed coresidential patterns and satisfaction with it is consistent with the conjecture that intergenerational coresidence may be an outcome of preexisting disability. In fact, coresidence and concordance of preferences about coresidence is associated with increased disability of elderly (Sereny). In some societies families cope with faltering elderly health and disability by resorting to informal care drawn from a pool of migrants caretakers (Thang) thus creating from scratch a substitute for direct children support or intergenerational coresidence. It is an escape from the stigma attached to institutionalization that does not completely commit (except monetarily) the elderly's children. But this does avenue of escape may be available only in some societies. As shown by Yount, there are a number of factors that actually lead Egyptian families to place frail elderly in institutions despite strong norms of family care.

As has been argued in the literature, financial dependence of children or intergenerational coresidence, regardless of whether the motive is health or not, is not always an optimal solution for the elderly. Silverstein suggests that children support produces satisfaction only if there are opportunities of retribution (with care of grand children, for example). Similarly the paper by Sereny discusses evidence indicating that those in better socioeconomic conditions tend to prefer independent living but, simultaneously, that concordance of coresidential preferences with factual coresidence is associated with better self reported health status. Jinkook Lee shows that in Korea depression is a condition associated with individuals' (sometimes spouse's) education but it is also strongly influenced by conditions defining the social networks of the elderly (density of kin, loneliness) irrespective of coresidence. Finally, the paper by Gierveld gathers cross national evidence in Europe and shows significant differences between countries in the type of support preferred by older adults and concordance between de facto residential arrangements and preferences. Thus, not only is support for the elderly a function of their health or disability status but researchers should note and be aware that elderly's health status, level of satisfaction, and emotional well-being could also be partially dependent on the existence and modality of exchanges with children and the concordance between these and their own individual preferences.

## *2.3. Patterns of intergenerational transfers*

Several papers presented at the meeting attempt to identify the existence, magnitude, and determinants of intergenerational exchanges, particularly those flowing from children to parents (Silverstein, Knodel, Glaser, Kim, Grundy, Cobb-Clark, Palloni). This proves to be a difficult task in part because the theories are incomplete and/or the evidence available cannot discriminate between them and, in part, because theories are not always appropriately translated into estimable models. An exception to this is the paper by Cobb-Clark where an effort is made to model simultaneously

flows of income support to the elderly, coresidential arrangements and elderly's labor force participation. They gather evidence from Indonesia and Viet-Nam, two societies where labor force participation of the elderly is quite high, and show that children support increases with the age of parents and with deterioration of their health status. But they also find that these flows of income do not diminish elderly's propensity to engage in the labor force.

While a focus on intrafamily exchanges only is of key importance to assess the degree to which elderly's needs are being met, it is important to adopt a macro lens and account for transfers that occur in either direction at the societal as well as the family levels, that is, those that involve the contribution of the public sector, markets and individuals themselves. Two papers presented at the seminar focused on these types of transfers estimated from national accounts in countries of Latin America (Bravo; Rosero). These papers show evidence of some unexpected patterns though, admittedly, these apply only to countries in the Latin American Region where the role of the public sector continues to exert powerful influence. Thus, for example, net transfers favor the younger generation, suggesting that the elderly are not necessarily an economic burden to their families. This is part because consumption needs at younger ages are funded by families themselves (parents) whereas consumption needs at older ages are predominantly funded via returns to assets and public funded pension programs. These results reproduce findings obtained in some high income countries (US) but also and notably in some primitive societies as well.

#### *2.4. Protecting the elderly: security and social inclusion*

A consequence of massive aging and sharp changes in the demographic supply of kin is elderly loneliness and lack of social integration. The experience of loneliness and lack of social integration varies sharply across societies (Gierveld). These experiences are known to powerfully influence the well-being of elderly. Other than psychological well-being, isolation of the elderly may increase experiences of abuse, violence and discrimination (Ferreira). But both recognition of the problem and implementation of responses to solve it are either inexistent or at best uneven in quality and effectiveness. It is widely thought that family based care may reduce the risk and incidence of abuse (Ferreira), but the evidence available to us is not good enough to strongly assert that such is the case everywhere and that systematic abuse and discrimination only takes place when elderly are placed in institutional care or live alone and isolated.

#### *2.5. Role of governments and of informal organizations*

What are governments doing to reinforce support for the elderly? What is the role of other institutions? The paper by Sidorenko is a summary of a number of initiatives worldwide derived from a first review and appraisal of the Madrid Plan of Action. Sidorenko describes many initiatives launched after the Madrid Plan of Action was formulated and reveals that they manifest in very different forms in different regions of the world. In some countries the slack has been taken by NGO's whereas in others the State has taken the initiative to formulate, design, implement and

fund special programs. Examples of the interventions of community organizations and NGO's are provided in the paper by Kuate Defo from data on Cameroon. The heavy involvement and large number of initiatives emerging from the public sector are well documented in the paper by Garcia on Cuba. Finally, the paper by Montes de Oca on Mexico reveals the existence of a vacuum as public programmes cover only a small part of the elderly and the existence of programmes based on community organizations and NGO's cannot be documented. The consequence of this state of affairs is that the slack is taken on by the families, particularly among those whose children are migrants to the US. The net outcome of this modality of support is that remittances from the US constitute a crucial part of the total fund that flow from children to parents.

# FAMILY SUPPORT NETWORKS AND POPULATION AGEING

Alberto Palloni<sup>1</sup>, Guido Pinto<sup>2</sup> and Rebeca Wong<sup>3</sup>

This paper assesses our knowledge about the nature of family and non family support among elderly in low income countries. We identify research areas where there is widespread agreement and the more abundant ones plagued with sharp disagreement or lack of reliable information to even begin a debate. **First** we describe unique features of the process of aging in most low income countries. The uniqueness is made up of four singularities: (a) the speed of aging triggered by forces rooted in the mortality decline that started in the early nineteen forties; (b) the sharp and sudden decline of fertility that takes place after 1970-80; (c) the ideological transformation that erodes traditional fertility regimes, reshapes preferences, norms and values about family and kin ties and obligations, and leads to the diffusion and adoption of secularized, ‘Westernized’ or even “post-modern” ideologies; (d) the changing role of the public sector and private markets and the impact it may have on the contexts within which elderly support is allocated and, finally, (e) the consequences of these forces for coresidence patterns.

**Second** we summarize what we know about the nature of very general intergenerational transfers drawing from recent empirical evidence stretching a wide range from primitive to preindustrial and modern industrialized societies. **Third**, we review alternative theoretical perspectives and focus our attention on theories relying on altruism and exchange and the contribution to these theories made in sociology, anthropology, economy and evolutionary biology. In this section we also briefly examine a somewhat neglected topic, namely, the nature of elderly support that originates neither in kin networks nor in public programs but in informal organizations explicitly designed to cater to needs of elderly individuals. **Fourth**, we analyze findings from a set of seven surveys of elderly living in large cities in Latin American and the Caribbean (LAC). These findings focus on two dimensions of elderly care: the availability of actors to provide support, on the one hand, and the propensity of these actors to supply support, on the other. We use this analysis to illustrate different trajectories of family support that result from different combinations and separate contribution of kin-availability and kin propensities.

## 1. Unique demographic features of aging in low income countries

We argue that researchers and polict makers must take into account two chcracteristics of the aging process in low income countries. First, the demographic regimes of low income countries are characterized by forces that produce rapid aging, in a much more compressed period of time relative to the experience of high income countries. In particular, availability of kin will shrink rapidly from habitual high levels to unusually low levels. Second, an important fraction of the growth of the elderly population, at least in the first 20 to thirty years of the process, is due to

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the survival of individuals who, due to their early experiences, may be frailer than the average frailty experienced during the past. This, in combination with an unusual ecology of diseases, a mixture of chronic conditions with still significant prevalence of infectious diseases, could lead to unfavorable health and disability distributions. Thus, the demand for elderly care could grow significantly during a period of rapid decompression of kin availability.

## 2. Institutional and ideological contexts

If the demography of aging in low income countries is peculiar, so is the institutional context in which those changes are occurring. In many of these countries there are no established programs of public support for the elderly and in those where they existed in the recent past, the role of the public sector has declined. The existence of widespread poverty and large inequalities as well as poor macroeconomic performance aggravates the situation and leaves intrafamily exchanges as the only avenue of support for a growing elderly population. Yet, even the family as a safety net may become threatened. It is possible that low income countries are in the midst of ideological transformations that erode traditional fertility regimes, reshapes preferences, norms and values about family and kin ties and obligations, and leads to the diffusion and adoption of secularized, 'Westernized' or even "post-modern" ideologies. If so, the strongest pillar for elderly support, the family, will weaken precisely during a period of rapid aging and contracting demographic availability of kin. Although these processes also took place in more developed countries, they did so more gradually, within more solid institutional contexts and in an environment of strong economic performance.

## 3. Evidence from coresidential patterns

Residential arrangements of elderly is one of the materials in transactions between generations. Coresidence with extended kin is also a means that facilitates and increases the efficiency of other exchanges, including material goods and services, produces returns to scales, generates additional benefits from pooling and sharing resources (housing costs, food preparation and sharing, etc.) and, finally, creates conditions that may reinforce emotional and psychological support (company and attention) that benefit the elderly. Under fragile institutional contexts coresidence may be a key resource that could offset the potentially negative consequences of compressed aging and the stationary or increased frailty distribution of the elderly. If low income countries were to track changes in high income countries, this resource could dry up thus making more difficult the prevalence of other transfers benefiting the elderly. Thus, trends in intergenerational residential arrangements may have non trivial implications for the well-being of the elderly, particularly in the presence of rapid aging, potentially perverse changes in their health and disability status, and the fragile institutional contexts described before.

Coresidence is an outcome of a combination of determinants. The first and most recognizable one affects kin availability via demographic constraints such as lower fertility, lower mortality

and changes in the timing of key events (marriage, first birth). Demographic forces shape the supply of kin available for coresidence at any point in time. Second, there are purely economic determinants that may impose independent constraints. Among these are property ownership rights, housing prices, nature of labor force participation and unemployment, real wages, saving capacity, existence of markets for insurance, and the size of transfers from the public sector. Finally, there are determinants that influence values and norms about coresidence and the sense of intergenerational moral obligations towards older generations. We argue that in the past fifty years, changes in all three determinants led to a well-verified change: the fraction of elderly living alone (or not in arrangements involving a younger generations) has increased in most high income countries. This is widely expected to become a regular pattern in other countries as well, as has already occurred in Taiwan and Korea.

Examination of observed coresidential patterns in the LAC region produces mixed results. While there are some signs that propensities to live alone by the elderly have increased (perhaps as a result of pressure from declining kin availability), these are weak and are not in line with expectations that growing aging inevitably means a sharp decline in intergenerational coresidence. We do not have enough information to identify the forces leads to this observed resistance to rapid change. It may that ideological changes have not yet had time to impart the effects that are expected or that offsetting factors associated with macroeconomic performance and institutional contexts produce offsetting and compensating effects. For as long as this forces remain in place, intergenerational coresidence will continue to be, as it has probably been in the past, an important resource that can be managed to satisfied growing elderly demands for health care and economic shortfalls. We find support for the idea that intergenerational coresidence shrinks as population aging advances. But, at the same time, intergenerational coresidence continues to be associated with situations where the younger generation appears to be dependent on the older rather than on the reverse. This may a result of household shortages, or precarious labor market conditions for children of the elderly, or increased female labor force participation and childrearing duties entrusted to elderly, and perhaps with the existence of a still significant public sector transfers flows to the elderly that can be shared by younger generations. Yet, intergenerational coresidence where parents are heads may be arrangements that facilitate (unobserved) upward transfers in the expectation of future compensation via bequests or inter-vivos transfers (or the property for example).

#### 4. Evidence from intrafamily exchanges

The most important results from our analyses of intergenerational transfers are the following: (a) transfers in money and goods and transfers in services appear to be substitutes for each other; (a) health status of the elderly (as self reported health, presence of ADL and IADL or chronic diseases) generally lead to increments on any type of transfers, regardless of currency; (c) presence of married children increases propensity to receive help; (d) presence of children with lower education and unemployed increases chances of elderly support; (e) females tend to receive less

support in general (net of marital status) and in terms of money and goods but are much more likely than males to receive services; (f) elderly who work are much less likely to receive any help but this relation cannot be interpreted as causal due to potential endogeneity; (g) elderly who have health coverage are less likely to receive help in subpopulations that do not involve intergenerational coresidence but more likely if they live with some of their children; (h) although support by country is considerably heterogeneous it does seem to be the case that elderly in countries with more aging receive higher levels of support and, in particular, countries with potential for remittances are those where elderly have a higher probability of receiving money and goods as opposed to services.

## 5. Policy implications

Our review of patterns of elderly support in developing countries and the empirical analyses suggest a number of problems worth investigating. First, that the speed of aging is unparalleled in low income countries is uncontroversial. The key question is whether this accelerated aging will come along with some undesirable features. Will health status and disability among elderly be worst in low income countries than what was observed at similar stages of the aging process in high income countries? Second, the transformation of the institutional context is almost surely erecting barriers to maintain or increase levels of support originating in the public sector. Will the slack be taken up by families and kin? Third, coresidence is not only a currency transacted across generations but it also oils the machinery for other transactions. We have seen that despite demographic constraints, patterns of coresidence at least in LAC have not changed much and, if anything, they have enhanced intergenerational cohabitation perhaps as a response to the younger generations' lack of fortunes in the labor and housing markets. To the extent that patterns of coresidence do not crumble, levels of supports are unlikely to change much without a parallel decrease in the younger generation propensities to provide support. This may be a line of defense against erosion of support derived from an overhaul in ideologies. Fourth, patterns of exchanges toward elderly suggest that much of what is known in developed countries is replicated at least in LAC. In particular, younger children are more likely to support elderly parents when their cost of opportunity are lower and when the elderly are either more infirm or have less access to alternative sources. Fifth, we do not know much about the nature or time trajectory of informal support but the evidence gathered in LAC suggests that this type of source of support is neither trivial nor unsystematic. It tends to take place more in countries with more advanced aging (where both availability and propensities could have turned against traditional support) and more among those who have less sources of alternative support than among those who do not. This type of support bears special attentions as it may be the last line of defense when all others (public sector flows and intergenerational coresidence) have weakened or vanished altogether.



# WHAT EXPLAINS FERTILITY? EVIDENCE FROM ITALIAN PENSION REFORMS

Francesco C. Billari<sup>1</sup> and Vincenzo Galasso<sup>2</sup>

## 1. Introduction

Couples in industrialized societies have much fewer kids than they used to. In 1950-55, only 0.4% of the world's population lived in areas in which the total fertility rate (i.e., the average number of children per couple) was below the replacement level of 2.1 kids. This figure has risen to 43.3 in 2005-10, and is expected to reach 79.9 in 2045-50 according to UN forecasts, although reversals are not to be excluded.

Faster population ageing and the consequent demand for more immigrants are among the main direct demographic consequences of low fertility. Yet, additional important effects exist for the economy as a whole. A key example is the financial sustainability of pay-as-you-go pension systems, which depends crucially on the balance between the contributions paid into the system and the pension benefits awarded – and therefore on the ratio between the share of workers and retirees. Since surveys suggest that, in Europe for example, individuals and couples wish to have larger families than they actually do, emphasis is put on policies relaxing constraints that bind fertility choices. The compatibility (especially for women) between paid work and family choices is an explicit target.

Given the high cost of raising children in developed societies, explaining why couples choose to have children at all represents a challenge. In the past, children constituted an investment that would repay itself rather quickly, as kids soon contributed to family income by working. Moreover, their future support would insure parents against the risk of old-age poverty. Yet, researchers have extensively documented that, with the expansion of social security and (especially) pay-as-you-go pension systems, this investment (or insurance) motive for children has lost its relevance. The expansion of social security can thus account for part of the fertility decline that most developed countries have recently witnessed. So, why would we still want to have kids today? An alternative theory suggests that kids are instead a “consumption good” – parents choose to have kids because they derive direct utility from their well-being (see Becker and Barro, 1988). Which motivation is currently behind childbearing? Italy's pension reforms in the 1990s may help provide an answer.

## 2. The retrenchment of Italian pensions raised fertility

While being somewhat unfair for the unequal treatment of individuals who had only marginal differences in their pension contribution history, the pension reforms that took place in Italy during the 1990s constitute a “natural experiment” to test these two theories of fertility. Did “affected” individuals, who suddenly learned that their future pension benefits were reduced, respond by having fewer or more children? Two pension reforms, the so-called “Amato” reform in 1992 and

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the so-called “Dini” reform in 1995, reduced future benefits only for individuals with fewer than 15 years of contributions at the end of 1992 (or 18 years of contributions at the end of 1995). This introduced a big discontinuity between “affected” and “unaffected” individuals, who might have differed only by a handful of weeks of contributions. For instance, Attanasio and Brugiavini (2002) estimate that the differential drop in social security wealth due to the “Amato” reform was equal to 27.6%.

What impact should these reforms have on fertility? According to the “kids as consumption good” theory, affected individuals should have lower fertility, since – due to the reforms – they have lower lifetime income and can thus only afford to “consume” fewer kids. The “old age security” motive suggests instead that affected individuals should have more kids, since the reduction in old age resources induced by the lower pension benefits has to be compensated by higher investments in assets as well as in kids.

In our CEPR Discussion Paper 7014, we show that affected individuals indeed had more children as a consequence of this pension reform. A simple comparison shows that unaffected individuals had on average 1.7 children, while affected individuals had on average 1.87 children. The magnitude of this difference is reduced once one controls for factors such as individuals’ age, but a difference of about 13% higher post-reform fertility remains. These empirical results are consistent with the “kids as investment good” rather than “consumption” motivation, even in modern societies. They are also consistent with the link between the expansion of pay-as-you-go pension systems and lower fertility – in this case the retrenchment of a pay-as-you-go pension system induces higher fertility.

### 3. Some policy implications

The results that pension reform raises fertility, i.e. that children are mostly an investment good in our advanced society, have important policy implications. First, economic models might have underestimated the role of kids as an investment and overemphasized the view that kids are only a cost to parents. Transfers at old age from children to parents might also be underestimated, e.g. because co-residence is hardly considered explicitly as a transfer. Policy implications drawn from economic models that analyze the interaction between demographic and economic factors based on uncertain assumptions, e.g. that children are mostly “consumption” goods, may be mistaken. Second, pension reforms that address the financial sustainability of these systems by reducing pension benefits may have an additional positive effect: to increase fertility.

# LIVING ARRANGEMENTS OF OLDER ADULTS IN CHINA: THE INTERPLAY AMONG PREFERENCES, REALITIES, AND HEALTH

Melanie Dawn Sereny<sup>1</sup>

Much of the recent research on population aging in China focuses on living arrangements and family support for older adults (Gu, Dupre et al. 2007; Chen and Short 2008; Song, Li et al. 2008; Wu and Schimmele 2008; Zhang 2008; Zimmer 2008; Li, Zhang et al. 2009). Living arrangements are important to the health and well-being of the elderly because the household is a major factor in determining social roles by providing support and interactions (or not) to older adults (Waite and Hughes 1999). Studies of living arrangements often discuss coresidence preferences but rarely measure them, instead assuming that actual living arrangements are a partial consequence of preference (Wilmoth 2001). Utilizing the 2005 wave of the Chinese Longitudinal Healthy Longevity Survey (CLHLS), this paper seeks to add understanding to the dynamics of living arrangements among community-residing elderly in China by exploring not only actual living arrangements but also preferences regarding them, and what factors influence “living arrangement concordance” – having a match between preferred and actual living arrangements. Furthermore, I investigate whether living arrangement concordance influences the health of older adults.

The extent of fit between an individual’s competence, needs, personality and their environment may be relevant to life quality, well-being, and mental health (Carp and Carp 1984). The congruence theory of person-environment fit argues that an individual often strives to maximize concordance between environment and needs, either by changing environments or altering her perception of needs (Kahana 1975; Kahana, Liang et al. 1980). Studies have shown that elders with congruence (concordance) between needs and environment have higher morale (Lawton 1976). Having a ‘match’ between preferences and realities also elevates sense of control, which has long been recognized as critical to well-being for people at any age.

We have a limited understanding of the relationships, both direct and indirect, between health and living arrangements, but scholars are interested in elucidating them (Liang, Brown et al. 2005). When thinking about the health of older adults, it is important to consider not only objective measures of health, such as the incidence of chronic disease or functional disability, but also psychological health and measures of well-being, which may include concordance.

Living arrangements in China carry added significance stemming from Confucian ideals of filial piety, which consider serving one’s parents to be the highest virtue (Whyte 2003). A deep-seated tradition of coresidence with one or more married children, usually the eldest son, arose from these ideals and continues into the current era (Zimmer 2005). Both before 1949 (Yan, Chen, *et al.*

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2003) and today (Zeng and George 2002), the elderly in China coresided with family members and relied on them for support, especially in the countryside. Coresidence with children, however, has declined over time as family sizes have decreased due to the one-child policy and other social and economic changes. It is not yet clear, however, how a decline in coresidence will affect financial and instrumental intergenerational support more generally.

The data for this paper come from the 2005 wave of the Chinese Longitudinal Healthy Longevity Survey (CLHLS), which was launched in 1998 in China with a focus on the oldest-old, though later waves included younger elderly. The 2005 wave had 15,638 respondents ranging from ages 65 to 112 (Zeng 2008). The current study makes use of an item that was first added in 2005, “Which living arrangement setting do you prefer?” Respondents were given a choice of five possible responses: (1) living alone (or with spouse only) regardless of residential distance of children; (2) living alone (or with spouse only) but children living nearby; (3) coresidence with children; (4) living in an institution; and (5) do not know. I focus on those elders who responded with choice 1, 2, or 3. Concordance of living arrangement is defined as living in a given living arrangement and preferring to do so —having a ‘match’ — otherwise the respondent has discordance. For ease of analysis, categories 1 and 2 have been combined. The analysis is limited to older adults who either live independently (live alone or live with a spouse only) or coreside with children, and who also prefer one of these two living arrangements.

The majority of the elderly in the sample coreside with their children, which is similar to 2000 Chinese census data (He, Sengupta et al. 2007). In addition, more than half of respondents chose coresidence with children as their preferred living arrangement. Concordance of living arrangements is also high, with 80% of the sub-sample (N=14,547) having a match between preferred and actual living arrangements. In terms of health, mean self-rated health and the percentage of the sample self-rating health as poor are roughly similar across living arrangement types, around 2.6 (“fair”) and 50% respectively. However, only 11% of those who live independently have functional disability (“activities of daily living” disability) compared with 30% of those who coreside with children. Furthermore, I find that those who have independent-living concordance are healthier — statistically better (lower) SRH, smaller percentage in self-rated poor health and lower prevalence of ADL (activities of daily living) disability— whereas among elders who coreside with children it is the opposite. Nearly one-third of the elderly who have coresidence concordance have difficulty with one or more activities of daily living, compared to only 21% of elders who do not have coresidence concordance. For elders who coreside with children, concordance does not seem to influence self-rated health.

This study investigates the interactions among living arrangement preferences, actual living arrangements, and health status of older adults in China. One of the major findings of this study is that actual living arrangement has a strong influence on preference to coreside with children,

but other factors are also at play, including age, gender, ethnicity, socio-economic status, and marital status. Additionally, different factors influence coresidence concordance than independent living concordance. I find some support for the congruence model of person-environment fit, with concordance of living arrangements predicting better health among some groups, but also evidence that preference itself may be a strong predictor of health. In addition, the survey data on preference of living arrangements also indicates the growing acceptance of living separately from children, something that was also found in an earlier study of Chinese elderly in urban settings (Logan and Bian 1999).

Older adults and people with lower socio-economic standing are more likely to prefer coresidence with children, while older adults with better socio-economic status and more family care resources are less likely to prefer coresidence. This could mean that people with lower socio-economic status have more traditional attitudes towards intergenerational coresidence or that greater resources enable elders to live independently. There is some indication that if individual finances were sufficient, independent living would be preferred. This goes against traditional attitudes that value intergenerational coresidence.

Coresidence concordance predicts better self-rated health even after controlling for other health problems and positive attitude, thus giving support to the congruence model of person-environment fit. Having satisfaction through a match between preferred and actual living arrangements may improve the well-being of older adults in China. The congruence model of person-environment fit may also pertain to ADL disability among elders with independent living concordance, as they have lower odds of functional disability.

Coresidence concordance, however, predicts greater odds of ADL disability. This is not in line with my hypothesis but is still a very interesting finding. I can only conjecture, because the cross-sectional nature of the data does not allow me to verify this, but it is possible that disability preceded coresidence (or coresidence preference) and that older adults with functional disability may self-select into coresidence with children. Their lower functioning makes them need and prefer coresidence with children, and thus having concordance predicts ADL disability.

Because studying living arrangement concordance is a relatively unexplored area, there are many directions for the research to expand. If other surveys of older adults also contained a question about preference we could see what factors influence concordance and how concordance influences health in different settings. In addition, longitudinal data on living arrangement preference would enable researchers to see how preferences change over time, and whether actual living arrangement and preference influence each other.

In Western societies intergenerational coresidence has declined during the 20<sup>th</sup> century

(Ruggles 1994; Grundy 1999), but it is yet unclear to what extent coresidence will decline in China and other parts of East Asia. Family sizes and numbers of adult children will decline, and rural to urban migration will also influence coresidence and living arrangement options for older adults. Future state support for social security and senior homes could also play a major role. If attitudes are indeed changing and parents do not expect the same level of support as they did in the past then perhaps we do not have to worry about negative psychological outcomes for Chinese elderly. These results show that studying living arrangement concordance among the elderly is important, because for some, concordance may lead to higher well-being, and for others, preference may actually be a proxy for health problems and need for care. Future surveys of the elderly should include questions about living arrangement preferences: we should not assume that there is a one-size fits all model in more developed or developing countries, but instead elders should have a choice of living arrangement, as 'concordance' may improve quality of life and overall well-being.

## REFERENCES

- Beydoun, M. A. and B. M. Popkin (2005). "The impact of socio-economic factors on functional status decline among community-dwelling older adults in China." *Social Science & Medicine* **60**(9): 2045-2057.
- Brown, J. W., J. Liang, et al. (2002). "Transitions in Living Arrangements Among Elders in Japan Does Health Make a Difference?" *Journals of Gerontology Series B: Psychological Sciences and Social Sciences* **57**(4): 209-220.
- Carp, F. M. and A. Carp (1984). A complementary/congruence model of well-being or mental health for the community elderly. *Elderly People and the Environment*. I. Altman, M. P. Lawton and J. F. Wohlwill. New York and London, Plenum Press: 279-328.
- Chen, F. (2005). "Residential patterns of parents and their married children in contemporary China: A life course approach." *Population research and policy review* **24**(2): 125-148.
- Chen, F. and S. E. Short (2008). "Household Context and Subjective Well-Being Among the Oldest Old in China." *Journal of Family Issues* **29**(10): 1379-1403.
- Chen, X. and M. Silverstein (2000). „Intergenerational social support and the psychological well-being of older parents in China.“ *Research on aging* **22**(1): 43.
- Grundy, E. (1999). „Intergenerational perspectives on family and household change in mid-and later life in England and Wales.“ *Changing Britain: families and households in the 1990s*: 201-228.
- Gu, D., M. E. Dupre, et al. (2007). „Characteristics of the institutionalized and community-residing oldest-old in China.“ *Social Science & Medicine* **64**(4): 871-883.
- He, W., M. Sengupta, et al. (2007). Health and Health Care of the Older Population in Urban and Rural China: 2000, US Dept. of Commerce, Economics and Statistics Administration, US Census Bureau.
- Hermalin, A. and L.-S. Yang (2004). „Levels of Support from Children in Taiwan : Expectations versus Reality, 1965-99.“ *Population and development review* **30**(3): 417-448.

- Idler, E. L. and Y. Benyamini (1997). „Self-rated health and mortality: a review of twenty-seven community studies.“ Journal of health & social behavior **38**(1): 21-37.
- Kahana, E. (1975). A congruence model of person-environment interaction. Theory Development in Environment and Aging. P. G. Windley and G. Ernst. Washington, D.C, Gerontological Society.
- Kahana, E., J. Liang, et al. (1980). «Alternative models of person-environment fit: Prediction of morale in three homes for the aged.» Journal of Gerontology **35**(4): 584.
- Knodel, J. and M. B. Ofstedal (2002). Patterns and Determinants of Living Arrangements. The Well-Being of the Elderly in Asia: A Four-Country Comparative Study. A. I. Hermalin. Ann Arbor, University of Michigan Press: 143-184.
- Lawton, M. P. (1976). The impact of the environment on aging and behavior. Handbook of the Psychology of Aging. J. E. Birren and K. W. Schaie. New York, Van Nostrand Reinhold.
- Li, L. W., J. Zhang, et al. (2009). «Health among the oldest-old in China: Which living arrangements make a difference?» Social Science & Medicine **68**(2): 220-227.
- Li, Q. and Y. Liu (2008). Mortality Predictability of Self-Rated Health Among the Chinese Oldest Old: A Time-Varying Covariate Analysis. Healthy Longevity in China: Demographic, Socioeconomic, and Psychological Dimensions. Y. Zeng, D. L. Poston, Jr., D. A. Vlosky and D. Gu. Dordrecht, the Netherlands, Springer Publisher: 376-396.
- Liang, J., J. W. Brown, et al. (2005). «Health and Living Arrangements Among Older Americans: Does Marriage Matter?» Journal of Aging and Health **17**(3): 305.
- Liu, G. and Z. Zhang (2004). «Sociodemographic differentials of the self-rated health of the oldest-old Chinese.» Population research and policy review **23**(2): 117-133.
- Logan, J. R. and F. Bian (1999). «Family values and coresidence with married children in urban China.» Social Forces: 1253-1282.
- Ruggles, S. (1994). «The transformation of American family structure.» The American Historical Review: 103-128.
- Song, L., S. Li, et al. (2008). Intergenerational Support and Self-Rated Health of the Eldelry in Rural China: An Investigation in Chaohu, Anhui Province. Healthy Longevity in China: Demographic, Socioeconomic, and Psychological Dimensions. Y. Zeng, D. L. Poston, Jr., D. A. Vlosky and D. Gu. Dordrecht, the Netherlands, Springer Publisher.
- Waite, L. J. and M. E. Hughes (1999). «At risk on the cusp of old age: Living arrangements and functional status among black, white and Hispanic adults.» Journals of Gerontology: Social Sciences **54**: 136-144.
- Wilmoth, J. M. (2001). «Living arrangements among older immigrants in the United States.» The Gerontologist **41**(2): 228-238.
- Wilmoth, J. M., G. F. De Jong, et al. (1997). «Immigrant and non-immigrant living arrangements among America’s White, Hispanic, and Asian elderly population.» International Journal of Sociology and Social Policy **17**(9-10): 57-82.
- Wu, Z. and C. M. Schimmele (2006). «Psychological disposition and self-reported health among the ‘oldest-old’ in China.» Ageing and Society **26**(01): 135-151.

- Wu, Z. and C. M. Schimmele (2008). Living Arrangements and Psychological Disposition of the Oldest Old Population in China. Healthy Longevity in China: Demographic, Socioeconomic, and Psychological Dimensions. Y. Zeng, D. L. Poston, Jr., D. A. Vlosky and D. Gu. Dordrecht, The Netherlands, Springer Publisher: 397-418.
- Yount, K. M. and Z. Khadr (2008). «Gender, Social Change, and Living Arrangements Among Older Egyptians During the 1990s.» Population Research and Policy Review **27**(2): 201-225.
- Zeng, Y. (2008). Introduction to the Chinese Longitudinal Healthy Longevity Survey (CLHLS). Healthy Longevity in China: Demographic, Socioeconomic, and Psychological Dimensions. Y. Zeng, D. L. Poston, D. A. Vlosky and D. Gu. Dordrecht, The Netherlands, Springer Publishing.
- Zhang, Z. (2008). The Effects of Adult Children's Caregiving on the Health Status of Their Elderly Parents: Protection or Selection? Healthy Longevity in China: Demographic, Socioeconomic, and Psychological Dimensions. Y. Zeng, D. L. Poston, Jr., D. A. Vlosky and D. Gu. Dordrecht, the Netherlands, Springer Publisher: 251-268.
- Zhu, H. and Y. Xie (2007). «Socioeconomic Differentials in Mortality Among the Oldest Old in China.» Research on aging **29**(125): 125-143.
- Zimmer, Z. (2008). Health and Living Arrangement Transitions among China's Oldest-old. Healthy Longevity in China: Demographic, Socioeconomic, and Psychological Dimensions. Y. Zeng, D. L. Poston, Jr., D. A. Vlosky and D. Gu. Dordrecht, The Netherlands, Springer Publisher: 215-234.
- Zimmer, Z., J. Kwong, et al. (2007). Child Coresidence Among Older Adults Living in Beijing, China: Trends, Determinants and Transitions. New Perspectives on China and Aging. I. G. Cook and J. L. Powell, Nova Science: 5-28.



# INTERGENERATIONAL RECIPROCITY AND THE WELL-BEING OF OLDER ADULTS IN RURAL CHINA

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China's population is aging at a rate three times that of most Western nations. It will take only three decades for China to double its proportion of older adults from 10% to 20%, a transition that took most Western countries more than a century to achieve. Consequently, China will have less time to develop the infrastructure necessary to adapt to its aging population and the historically unprecedented societal demands that this change will engender. The dependency ratio—the balance between non-working and working segments of the population—will accelerate in the next four decades, straining China's ability to fund service programs and pensions for its surging elderly population.

More than two-thirds of the older population in China lives in rural areas that provide relatively few services and little formal support to older individuals. Less than 10% of rural elders receive state pensions and adult children are normatively and legally expected to economically support their aged parents. Reductions in family size (due primarily to the one-child policy in urban areas and 1.5-child policy in rural areas) will lessen the availability adult children who currently serve as the backbone of the elder-support system. Further, many older adults in rural regions are “left behind” in their villages by migrant children seeking jobs in economically booming cities. However, the deleterious effects of children's migration on the emotional well-being of older parents may be assuaged by the remittances that migrant children send back to their home villages.

Financial support from children may directly improve the mood of older parents by allowing them to exit the workforce, providing the means to purchase material necessities, and instilling an overall sense of security. However, elderly parents in rural China are not necessarily passive recipients of their children's largess. The physical absence of parents often requires that grandparents take custody of dependent grandchildren, often in skipped-generation households. Millions of young workers who have migrated out of impoverished rural regions to take better paying factory and service jobs are both assisting their parents financially and being assisted by them in terms of childcare in a pattern of mutual exchange.

In this investigation we examine how financial assistance from migrant adult children affects change in the emotional health of aging parents in rural China. We hypothesize that reciprocity in the form of a time-for-money exchange will psychologically benefit older parents such that those who provide care to grandchildren and receive financial support will feel compensated for their efforts and prone to better psychological outcomes.

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We analyzed data collected from a random sample of 1,715 adults aged 60 and older living in rural townships within Chaohu, a primarily agricultural city of 4.5 million people located on the north bank of the Yangtze River in the central part of Anhui Province. The survey was originally fielded in April 2001 as a joint project between Xi'an Jiaotong University and the University of Southern California. In November 2003, a follow-up survey was conducted with 1,368 respondents, or 79.8% of the original participants. Our analysis was performed on 4,776 parent-child dyads based on 1,220 parents who participated in both surveys. Older parents in the sample averaged 69 years of age ( $SD = 6.6$ ), and their adult children averaged 39 years of age ( $SD = 8.8$ ),

Emotional distress was measured by the severity of depressive symptoms. Three items indicated feelings of positive affect (feeling happy, enjoying life, feeling pleasure), two items indicated feelings of negative affect (feeling lonely, feeling upset), two items indicated feelings of marginalization (feeling useless, having nothing to do), and two items indicated somatic symptoms (having poor appetite, having trouble sleeping). The nine items were asked in 2001 ( $\alpha = .80$ ) and in 2004 ( $\alpha = .76$ ). We predict distress (reverse coding positive items to indicate negative outcomes) in 2004, while controlling for the same measures in 2001.

Our key predictor variables were the amount of financial support that older parents received from each of their adult children, and the amount of care they provided for grandchildren sired by each of their adult children. Financial transfers were measured as the total amount of money that parents received from each child during the past 12 months, ranging from none to more than 10,000RMB. Respondents were asked how often they provided care, on average, to each set of grandchildren (16 and younger), with response categories ranging from none to full-time daily care. We also controlled for the amount of instrumental and emotional support received from children, as well as age, gender, marital status, education, income, occupation, health status, and number of living children.

The scale score for depression averaged 6.01 ( $SD = 3.95$ ) in the second wave, and 5.99 ( $SD = 3.84$ ) in the first wave. While there are no benchmarks to determine the magnitude of these averages relative to diagnostic criteria, they are about one third of the possible maximum score of 18, suggesting that the sample as a whole is moderately distressed. Financial support from children averaged almost 100 RMB, a figure surpassing the recipients' average work and retirement incomes combined.

Our multivariate results showed that economic receipts from adult children reduced depression in their older parents. Looking further into whether this benefit varied by children's migrant status and grandparents' caregiving status, we found that financial returns reduced depression most when grandparents provided full-time care for the families of their migrant children. This finding is depicted graphically in Figure 1 (shown only for grandparents providing the least and the most

grandchild care, and with all other variables held constant at their mean values). Larger remittances produced steeper reductions in depression when grandparents spent the most time taking care of children left behind by their migrant offspring—a combination of factors where time-for-money reciprocity is at its peak.

Our findings suggest that social and economic change in China has altered the way older and younger generations rely on each other, but not necessarily to the detriment of older individuals. If childcare is adequately compensated by remittances, older adults are the less depressed. In this sense, grandparents who make strategic investments in the economic success of migrant children may feel entitled to share in the fruits of their children's enhanced earnings that they (the grandparents) enabled. Conversely, when expectations for reciprocity are violated, older parents may feel that they have been unfairly treated and feel distressed.

However, it should be noted that even grandparents who did not provide care for grandchildren benefited psychologically from their children's economic support. This is not surprising in a region of China that is virtually absent of pensions and where older individuals have little or no income of their own. In a real sense economic transfers from children "buy" happiness insofar as they determine the standard of life parents will experience in their later years.

We conclude that intergenerational "time-for-money" reciprocity is not only a survival strategy for ensuring the economic prosperity of rural migrant families, but can also contribute positively to the psychological well-being of grandparents left behind in rural villages. Public policies could be designed to strengthen this natural resource by assisting older adults who care for their grandchildren. At the provincial or local levels, special child/geriatric health and social services can target skip-generation households and frail grandparents with grandchildren in their charge. Supplemental payments within the rural pension system may help caregiving grandparents and their young grandchildren maintain an adequate quality of life, particularly if remittances are insufficient. Such policies may become increasingly valuable given that fertility reductions will reduce the number of wage-earning children who are available to support their older parents. Serving this population as a deserving group implicitly recognizes that the growing older population is not the problem but the foundation on which China's current economic boom rests.

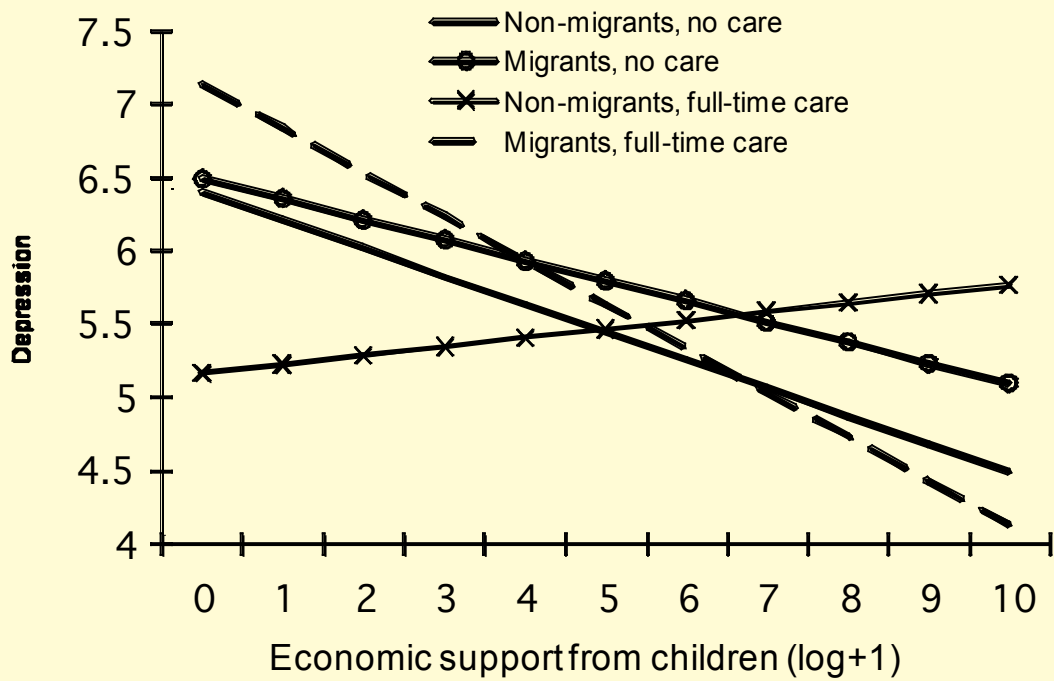


Figure 1. Predicted depression of parents by economic support from children, by migration status of children and two conditions of grandchild care (covariates shown in Table 2 are held constant at their means).

## IS INTERGENERATIONAL SOLIDARITY REALLY ON THE DECLINE? CAUTIONARY EVIDENCE FROM THAILAND

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A common theme in much of the literature about ageing in developing countries is that the elderly fare poorly in the course of modern development as a result of the social, economic and demographic changes that are part and parcel of the process (Treas & Logue 1986). While the impact of development is likely to vary both across and within societies and over time, recent trends and current patterns in family support exchanges in Thailand provides cautionary evidence against assuming inevitability of declines in intergenerational solidarity. Fears that increased migration of children, urbanization, reduced fertility, ideational change and other features associated with development will broadly and seriously undermine the well being of the Thai older population so far appear unjustified. Family support networks involving Thai older age parents and their adult children remain intact along a number of important dimensions despite extensive social and economic development. Indeed, the economic growth that has led to improving standards of living for the population in general has benefited the material well-being of older persons as well. For example, compared to just over a decade or two ago, older Thais live in better constructed houses and their households have far more appliances and amenities to make daily life more convenient (Knodel & Chayovan 2008).

The vast majority of older Thais continue to receive material support from children and for over half (55%), children represent their main source of income, a pattern that has changed little over recent decades. Despite substantial and indeed increased migration of adult children, very few rural elderly appear to be deserted. A substantial majority (71%) still either live with or next to a child. In addition the vast majority of migrant children keep in contact with their parents through visits, by phone, or both. The advent and recent spread of cell phones, has provided a new and effective way for elderly parents and distant children to keep in touch. Migrant children also typically provide financial support. Although in some cases support is mainly of token value in others substantial amounts are provided. Many parents also report that major household appliances or home improvements were paid for by migrant children (Knodel et al. 2007).

Children who moved to urban areas, especially to Bangkok, are more likely to provide significant remittances than children who migrated to elsewhere in Thailand and are at least as likely to maintain social contact. A substantial share of older age parents take responsibility for grandchildren left in their care by migrant children thus facilitating their ability to take employment in settings in which providing childcare by themselves would be difficult. Many rural parents also provide migrant children with farm produce and occasional significant financial help in response to special circumstances. Thus assumptions that migration of children, especially to urban settings,

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particularly erodes intergenerational solidarity seem unwarranted.

At the same time, living arrangements are clearly changing as shown below:

	% coresident with a child	% alone	% only with spouse	% alone or with spouse only
All elderly				
1986	76.9	4.3	6.7	11.1
1994	72.8	3.6	11.6	15.2
2002	65.7	6.5	14.0	20.6
2007	59.4	7.6	16.3	23.9

The proportion of older persons who co-reside with children has steadily declined over the last two decades while the percent that live alone or only with their spouse has increased. These changes reflect increased migration of adult children and the smaller family sizes of cohorts who recently reached older age. Living independently, however, is not necessarily viewed unfavorably by older Thais. Almost 90% of parents interviewed in the 2006 Migration Impact Survey agreed with the statement “If parents are old and in good health, it is not necessary for children to live with or nearby them as long as children visit and keep in contact”. The recent increased ability to keep in contact with migrant children by cell phones appears to be changing attitudes towards the need for children to be nearby as long parents do not need frequent personal care (Knodel & Saengtienchai 2007).

Family members, and particularly children, continue to be the main persons providing assistance to older persons who need help with the basic activities of daily life. Migrant children also sometimes return when an acute health problem arises and in some cases facilitate the parents’ ability to access superior health services in urban areas. Moreover, improved roads and means of transportation enable children living elsewhere to more rapidly reach parents to provide assistance and at least temporary care if needed.

In brief, recent Thai experience does not conform to many expectations that link modern development to the demise of family intergenerational solidarity. Instead, parents and adult children appear to exercise human agency to adapt to the changing social and economic environment brought about by development in ways that permit maintaining relationships and support exchanges. In this sense, the Thai experience seems far more consistent with expectations that social and economic change associated with development leads to the modification of extended family relations rather than their demise.

This ‘modified extended family’ perspective, initially proposed almost half a century ago to interpret family change in advanced industrial and post-industrial societies, appears quite relevant for interpreting shifts in the form of intergenerational solidarity in the context of today’s developing world (Litwak 1960). It implies that, although development involves structural changes in the

economy that lead to greater geographical dispersion of family members, those affected adapt in ways that modify the form of the family but that still permit extended family relations and many of their functions to be maintained (Litwak 1960; Litwak and Kulis 1987; Smith 1998). According to this view, greater spatial separation precludes neither financial assistance to members elsewhere nor the maintenance of emotional ties and social exchange. Instead, technological change, especially with respect to advances in transportation and communication, permit family members to sustain relationships and continue to fulfill some of the associated obligations that previously required geographical proximity.

Although intergenerational solidarity appears sustained in Thailand up to present, increasing proportions of older persons who are geographically separated from all their adult children and have only few children pose important challenges for the future, particularly concerning how needs for long term personal care of the elderly will be met. Can the pervasive pattern of family members, and especially children, as the primary caregivers be maintained? This is one of the most important challenges that Thai society faces in the future course of population ageing.

Many other changes will accompany the decline in numbers of living children, increased migration and other developments that potentially challenge family support networks. These include expansions and improvements in public and private health provision, social security and other forms of formal support, rapidly increasing computer literacy and associated means of communication, and improved educational composition of both adult children and their older age parents as better educated cohorts move up the age structure. Thus any modifications in intergenerational family forms will occur in a different social, economic, and technological context than has prevailed even in the recent past. The fact that the cultural roots of filial obligation still appear to be strong in Thailand suggests that accommodation to this changing situation may continue in ways that modify but still preserve family intergenerational solidarity. Continuing to monitor the situation of rural Thai elders in this changing environment is important not only for the theoretical and conceptual debates surrounding issues of ageing, family, and intergenerational relations but is also crucial for the development of informed policies and programs that can realistically address the needs of the rapidly increasing older population. Hopefully adaptations by family and state will complement each other and allow the quality of life for its older population to continue to improve.

# FAMILY DISRUPTIONS AND SOCIAL SUPPORT AMONG OLDER PEOPLE ACROSS EUROPE

Karen Glaser<sup>1</sup>, Cecilia Tomassini<sup>2</sup>, Emily Agree<sup>3</sup>

## 1. Introduction

An area of rising interest has been the impact of aging populations on the provision of support to older persons by friends and family. Several factors have given rise to concerns about the future of family support. First, improvements in survival have led to increases in those aged 85 and over (i.e. the age group most likely to need care). Second, the number of older people with needs for assistance is projected to increase (even assuming falling disability rates) (Jacobozone *et al.* 1998). Third, many European countries have acted to limit the availability of formal care. Finally, there have been significant changes in family structure and relationships; for example, declines in marriage and childbearing and rises in divorce and cohabitation. It is therefore surprising how little researchers know about the impact of such trends on intergenerational relationships in later life (and on support in particular). Most of the work on the impact of family disruptions has focused on outcomes for children; there have been fewer investigations of the consequences for support in later life. Therefore, this paper focuses on a review of the literature on the relationship between family disruptions and instrumental and emotional support (contact) in later life across Europe.

## 2. Evidence on the Consequences of Divorce

Studies on the long-term effects of family disruptions for support in later life generally show that divorce and remarriage decrease contact and relationship quality with adult children as well as perceived support from children (Aquilino 1994, Bulcroft & Bulcroft 1991, Cooney & Uhlenberg 1990, Eggebeen 1992, Lye *et al.* 1995, Shapiro 2003). Recently, studies have begun to focus on transfers between parents and their adult children and here the evidence is less clear: some studies report no relationship between parental divorce and help given or received (Aquilino 1994, Eggebeen 1992), others a positive one (Barrett & Lynch 1999, Glaser *et al.* 2008a, Tomassini *et al.* 2007), and still others a negative relationship (Dykstra 1998, Furstenberg *et al.* 1995, Kalmijn 2007, Lin 2008, Pezzin & Schone 1999, Pezzin *et al.* 2008).

Studies have established some variations in the long-term outcomes of partnership dissolution and identified influential factors. Parent's gender is clearly important, for partnership dissolution appears to have a greater negative impact on late-life support for men in comparison to women, which is generally explained in terms of mothers being closer than fathers to their children (Furstenberg *et al.* 1995, Kalmijn 2007, Lin 2008, Pezzin & Schone 1999, Pezzin *et al.* 2008, Shapiro 2003).

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The existence of stepchildren is another factor, for older parents are less likely to receive assistance from stepchildren than biological children (Pezzin & Schone 1999, Pezzin *et al.* 2008). Divorce is not the only form of disruption that affects later life relations with children. Some studies have also investigated the association between widowhood and support. Unlike parental divorce, most studies have shown no significant relationship between widowhood and contact (Lye *et al.* 1995); however, the few studies able to examine widowers separately have shown lower contact levels compared with fathers in intact marriages (Kalmijn 2007). With regard to measures of instrumental assistance, most research has shown that widowed parents received more support from children compared with married parents (Barrett & Lynch 1999, Ha *et al.* 2006). However, a recent study showed a negative relationship between widowerhood and instrumental assistance (Kalmijn 2007).

### 3. Changes over time in family disruptions and support

Changes over time in the relationship between partnership disruption among older people and support are inevitable as sequential patterns of divorce and remarriage become increasingly common. In most Western countries, the post-war baby boom generation will bring with it far more complex family relationships, especially with both biological, step-and half siblings involved in care negotiations (Agree & Glaser 2009, Cherlin 2009, Hughes & O’Rand 2004). A recent study by Glaser and colleagues (2008) investigated changes over time in the association between partnership disruption and support (i.e. coresidence and contact with children, and help given to and received from children) among 61 to 69-year-old mothers and fathers using data from two nationally representative British surveys. The authors found that despite an increase in the experience of partnership disruption in the time period considered the percentage of older people receiving support from (and providing help to) children largely remained stable; moreover, when a change was observed it reflected increases (and not decreases) in intergenerational assistance given or received (Glaser *et al.* 2008b).

### 4. Marital transitions and changes in support over time

There has been some investigation of *changes* in support (e.g. instrumental and emotional) at older ages (Broese van Groenou & van Tilburg 1997, Field & Minkler 1988, Geerlings *et al.* 2005, Kelman *et al.* 1994, Krause 1999, Martire *et al.* 1999, Stoller & Pugliesi 1991, van Tilburg 1998, Utz *et al.* 2002); however, few of these studies considered the impact of marital disruptions. With regard to such disruptions, studies reported that losing a partner had no effect on the onset of informal care in the Netherlands (aged between 55 and 85 years at baseline) (Geerlings *et al.* 2005), while others showed an increase in instrumental support and contacts in the Netherlands (55-89 years) and in Detroit, Michigan (65 years and over) (Broese van Groenou & van Tilburg 1997, Utz *et al.* 2002). However, most of these studies did not distinguish whether the marital disruption was due to death or divorce. Most likely this is because studies are largely based on relatively short time intervals (one to five years) resulting in small numbers of older adults experiencing such

disruptions. Findings over a ten year period showed that marital disruption (and widow(er)hood in particular) increased loss of support (i.e. perceived support and contact with friends) (Glaser *et al.* 2006). Widowhood had a similar effect to divorce on reducing contact with friends even when health status was taken into account, but was not significantly associated with perceived support. Shapiro's (2003) study, based on a shorter period and focusing on late-life divorce, showed that fathers who became divorced experienced a decline in co-residence and contact with their adult children.

#### 5. Comparability of impact across countries: the United Kingdom and Italy

There is little comparative work in Europe on the relationship between family disruptions and social support in later life. This is important as one cannot assume that the association between family changes (e.g. increases in divorce) and support is similar across countries. A recent comparative study investigated whether changes in family life in the UK and Italy (both societies have experienced similar changes in family behaviour) are related to the erosion of support in later life (Tomassini *et al.* 2007). The researchers found that in the U.K., older divorced people reported higher odds of receiving support from non-coresident children in comparison to their married counterparts; in Italy this was the case among the lone widowed (the divorced showed a negative association although this was not significant). Lone widows in both countries were more likely to have weekly contact with non-relative friends compared with their married or separated counterparts. In the U.K. family support appeared to be activated in accordance with the older person's needs in line with evidence from the U.S. and other northwestern European (Soldo & Hill 1995). Such findings reinforce the importance of cross-national comparisons as a means of enhancing our understanding of the underlying processes affecting the relationship between family change and support in later life (National Research Council 2001).

#### 6. Summary and Future Issues

Some studies, mainly conducted in the US and the Netherlands, have found evidence of a detrimental relationship between family disruptions (divorce in particular) and support in later life (Aquilino 1994, Bulcroft & Bulcroft 1991, Cooney & Uhlenberg 1990, Eggebeen 1992, Furstenberg *et al.* 1995, Kalmijn 2007, Lin 2008, Lye *et al.* 1995, Pezzin & Schone 1999, Pezzin *et al.* 2008, Shapiro 2003). Recent results in the UK largely contradict these findings (Glaser *et al.* 2008b, Glaser *et al.* 2008a, Tomassini *et al.* 2007). With few exceptions, prior research on this issue has been based on those in mid-life or young elderly age groups (Aquilino 1994, Bulcroft & Bulcroft 1991, Cooney & Uhlenberg 1990, Eggebeen 1992, Furstenberg *et al.* 1995, Lye *et al.* 1995, Shapiro 2003). This may help to explain why findings for the UK, which are based on parents aged 70 or more years, differ from previous results: most studies have shown that parents are more likely to provide children with household help than to receive it, and that only at the oldest ages (75 or more years) are older parents more likely to receive than to give help (Spitze & Logan 1992). Thus, once frail older parents are in need of assistance, it appears that the family does step in to provide help

regardless of other parental characteristics. Moreover, as previously mentioned, most studies have focused on the relationship between parental divorce or widowhood and contact with adult children (Aquilino 1994, Bulcroft & Bulcroft 1991, Cooney & Uhlenberg 1990, Lye *et al.* 1995, Shapiro 2003), until recently fewer studies examined the relationship between these characteristics and transfers of assistance where the results are mixed (Aquilino 1994, Barrett & Lynch 1999, Dykstra 1998, Furstenberg *et al.* 1995, Kalmijn 2007, Lin 2008, Pezzin & Schone 1999, Pezzin *et al.* 2008). Moreover, little is known regarding what it is about divorce or later relationships with parents that affects adult children's propensity to provide care; for instance, whether it is attribution of blame for the parental marriage break-down, loss of contact with the non-custodial parent, the remarriage of parents, or other factors. In addition, although research has shown that the stigma associated with divorce has declined, relatively little work has focused on the implications of this (Gerstel 1987, Thornton & Young-DeMarco 2001).

Finally, although the focus of this paper has been on investigating the relationship between family disruptions and social support at older ages in Western settings, understanding how family structure, marriage and cohabitation are related to family support in later life in the developing world is also an important issue. Despite the tenacity of families in the developing world, these regions are not immune to the same changes that have dominated the picture in the more developed world. Moreover these changes are occurring in societies with little or no government institutional protection for older people is a critical situation (Palloni 2001). Thus research on the impact of population ageing on the support systems of older people in developing societies is also needed.

### Policy Recommendations

Government policies in the U.K. and in many other European countries have been based on a view that families supply most services for older people. Recently questions have been raised about the future of care by families given changing social and demographic trends. Empirical research in the UK indicates that, for example, despite increasing divorce and separation many children continue to care for older parents according to their needs. This finding contradicts results from mainly Dutch and North American studies which found a detrimental relationship between divorce and support in later life, especially for men. More research is needed on the long-term effects of family disruptions on care in later life as these contradictory findings have very different policy implications.

Moreover, a number of factors need to be taken into account when considering the future of family care. First, the size of the population needing care is likely to increase given projected increases in the number of older people with functional limitations.<sup>4</sup> Second, although it is expected that spouses will continue to be the main source of support, they, too, are aging. Third, increasing survival among those with relatively heavy support needs (such as those with dementia) is likely to

<sup>4</sup> Pickard L, Wittenberg R, Comas-Herrera A, King D, Malley J. Care by spouses, care by children: Projections of informal care for older people in England to 2031. *Social Policy & Society* 2007;6(3):353-366.

mean that some people will be too frail (physically and/or mentally) for family care and will need very intensive support.<sup>5</sup> Although findings in the U.K. show that family support continues to be central, there remain concerns for the welfare of very old people in the future.

## REFERENCES

- Agree, A. M. & Glaser, K. 2009, 'Chapter 29: Demography of Informal Caregiving', in *International Handbook of Population Aging*, ed P. Uhlenberg, Springer Publishing, New York.
- Aquilino, W. S. 1994, 'Impact of childhood family disruption on young adults' relationships with parents', *Journal of Marriage and the Family*, vol. 56, pp. 295-313.
- Barrett, A. E. & Lynch, S. M. 1999, 'Caregiving networks of elderly persons: variation by marital status', *The Gerontologist*, vol. 39, pp. 695-704.
- Broese van Groenou, M. I. & van Tilburg, T. 1997, 'Changes in the support networks of older adults in the Netherlands', *Journal of Cross-Cultural Gerontology*, vol. 12, pp. 23-44.
- Bulcroft, K. A. & Bulcroft, R. A. 1991, 'The timing of divorce, effects on parent-child relationships in later life', *Research on Aging*, vol. 13, pp. 226-243.
- Cherlin, A. 2009, *Marriage go round*, Springer Publishing, New York.
- Cooney, T. M. & Uhlenberg, P. 1990, 'The role of divorce in men's relations with their adult children after mid-life', *Journal of Marriage and the Family*, vol. 52, pp. 677-688.
- Dykstra, P. A. 1998, 'The effects of divorce on intergenerational exchanges in families', *Netherlands Journal of Social Sciences*, vol. 33, pp. 77-93.
- Eggebeen, D. J. 1992, 'Family structure and intergenerational exchanges', *Research on Aging*, vol. 14, pp. 427-447.
- Field, D. & Minkler, M. 1988, 'Continuity and change in social support between young-old and old-old or very-old age', *Journal of Gerontology: Psychological Sciences*, vol. 43, pp. 100-106.
- Furstenberg, F. F., Hoffman, S. D. & Shrestha, L. 1995, 'The effect of divorce on intergenerational transfers: New evidence', *Demography*, vol. 32, pp. 319-333.
- Geerlings, S. W., Pot, A. M., Twisk, J. W. R. & Deeg, D. J. H. 2005, 'Predicting transitions in the use of informal and professional care by older adults', *Ageing & Society*, vol. 25, pp. 111-130.
- Gerstel, N. 1987, 'Divorce and Stigma', *Social Problems*, vol. 34, pp. 172-186.
- Glaser, K., Stuchbury, R., Tomassini, C. & Askham, J. 2008a, 'The long-term consequences of partnership disruption for support in later life in the United Kingdom', *Ageing & Society*, vol. 28, pp. 329-351.
- Glaser, K., Tomassini, C., Racioppi, F. & Stuchbury, R. 2006, 'Marital disruptions and loss of support in late life: a longitudinal study of the United Kingdom', *European Journal of Ageing*, vol. 3, pp. 207-216.
- Glaser, K., Tomassini, C. & Stuchbury, R. 2008b, 'Differences over time in the relationship between partnership disruptions and support in early old age in Britain', *Journal of Gerontology: Social Sciences*, vol. 63B, pp. S359-S368.

<sup>5</sup> MacDonald A, Cooper B. Long-term care and dementia services: an impending crisis. *Age and Ageing* 2007;36(1):16-22.

- Ha, J., Carr, D., Utz, R. L. & Nesse, R. 2006, 'Older adults' perceptions of intergenerational support after widowhood: How do men and women differ?', *Journal of Family Issues*, vol. 27, pp. 3-30.
- Hughes, M. E. & O'Rand, A. 2004, *The lives and times of baby boomers*, Russell Sage Foundation and the Population Reference Bureau, New York.
- Jacobozone, S., Cambois, E., Chaplain, E. & Robine, J. M. 1998, *The health of older persons in OECD countries: Is it improving fast enough to compensate for population ageing?*, OECD, Paris.
- Kalmijn, M. 2007, 'Gender differences in the effects of divorce, widowhood, and remarriage on intergenerational support: Does marriage protect fathers?', *Social Forces*, vol. 85, pp. 1079-1104.
- Kelman, H. R., Thomas, C. & Tanaka, J. S. 1994, 'Longitudinal patterns of formal and informal social support in an urban elderly population', *Social Science & Medicine*, vol. 38, pp. 905-14.
- Krause, N. 1999, 'Assessing change in social support during later life', *Research on Aging*, vol. 21, pp. 539-569.
- Lin, I. 2008, 'Consequences of parental divorce for adult children's support of their frail parents', *Journal of Marriage and the Family*, vol. 70, pp. 113-128.
- Lye, D. N., Klepinger, D. H., Hyle, P. D. & Nelson, A. 1995, 'Childhood living arrangements and adult children's relations with their parents', *Demography*, vol. 32, pp. 261-280.
- Martire, L. M., Schulz, R., Mittelman, M. B. & Newsom, J. T. 1999, 'Stability and change in older adults' social contact and social support: the Cardiovascular Health Study', *J Gerontol B Psychol Sci Soc Sci*, vol. 54, pp. S302-11.
- National Research Council 2001, *Preparing for an Aging World: The case for cross-national research*, National Academy Press, Washington, D.C.
- Palloni, A. 2001, 'Living arrangements of older persons', in *Living arrangements of older persons: Critical issues and policy responses. Population Bulletin of the United Nations, Special Issue Nos. 42/43*, ed U. Nations, United Nations, New York, pp. 54-110.
- Pezzin, L. E., Pollak, R. A. & Schone, B. S. 2008, 'Parental marital disruption, family type, and transfers to disabled elderly parents', *Journal of Gerontology: Social Sciences*, vol. 63B, pp. S349-S358.
- Pezzin, L. E. & Schone, B. S. 1999, 'Parental marital disruption and intergenerational transfers: An analysis of lone elderly parents and their children', *Demography*, vol. 36, pp. 287-297.
- Shapiro, A. 2003, 'Later-life divorce and parent-adult child contact and proximity', *Journal of Family Issues*, vol. 24, pp. 264-285.
- Soldo, B. J. & Hill, M. S. 1995, 'Family structure and transfer measures in the health and retirement study - Background and overview', *Journal of Human Resources*, vol. 30, pp. S108-S137.
- Spitze, G. & Logan, J. R. 1992, 'Helping as a component of parent-adult child relations', *Research on Aging*, vol. 14, pp. 291-312.
- Stoller, E. P. & Pugliesi, K. L. 1991, 'Size and effectiveness of informal helping networks: a panel study of older people in the community', *Journal of Health and Social Behavior*, vol. 32, pp. 180-191.
- Thornton, A. & Young-DeMarco, L. 2001, 'Four decades of trends in attitudes toward family issues

- in the United States', *Journal of Marriage and the Family*, vol. 63, pp. 1009-1037.
- Tomassini, C., Glaser, K. & Stuchbury, R. 2007, 'Family disruption and support in later life: A comparative study between the United Kingdom and Italy', *Journal of Social Issues*, vol. 63, pp. 845-864.
- Utz, R. L., Carr, D., Nesse, R. & Wortman, C. B. 2002, 'The effect of widowhood on older adults' social participation: an evaluation of activity, disengagement, and continuity theories', *The Gerontologist*, vol. 42, pp. 522-533.
- van Tilburg, T. 1998, 'Losing and gaining in old age: changes in personal network size and social support in a four-year longitudinal study', *Journal of Gerontology: Social Sciences*, vol. 53B, pp. S313-S323.

## GENDER, GENERATION, AND ECONOMIC TRANSFERS IN ISMAILIA, EGYPT

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### 1. Background

Population aging is occurring at unprecedented rates in poor settings (e.g., Palloni et al. 2009). As parents in such settings acquire needs for care, they have relied on adult children for economic and instrumental support (e.g., Agree et al., 2005; Frankenberg et al. 2002). Increasingly, adult children also remain economically dependent because of macro-economic downturns, increased schooling attainments, and later ages at marriage (Frankenberg et al., 2002).

Several theories have been used to explain the motivations for these intra-family transfers, including the models of altruism, exchange, and insurance. The altruism model posits that transfers are made to family members according to need. The exchange model assumes that family members make transfers to each other in return for other resources. The insurance model posits that intra-family transfers are made to ensure an informal, long-term safety net against risks (e.g., Schoeni 1997). Empirically, a growing body of research suggests that the motivations for intra-family transfers may involve elements from each of these models (Frankenberg et al., 2002; Lillard and Willis 1997; Soldo and Hill 1993; see Schoeni 1997 for a review).

In Egypt as in other Arab Middle Eastern settings, kin relations are organized around a patriarchal system of exchange, which is intended to protect its members from social and economic risk (Joseph, 1993, 1994, 2000, 2008; Rugh, 1984). Kin relations in Egypt are *patriarchal* in that they privilege the dominance and rights of men and other seniors (Joseph, 1993). Arab patriarchal kinship also based on an *extended kin contract*, in which blood relatives privilege the kin group above the self in return for support and protection (Joseph, 2008). Individual members are expected, for example, to provide instrumental or material resources and to preserve the family's honor. In return, individuals can expect to receive emotional, economic, and/or social security, and with these, a sense of identity through belonging to the kin group (e.g., Rugh, 1984; Joseph, 1993, 2008). Notably, the rights and obligations of various kin are defined on the basis of their gender, age/generation, and relation. Norms of *gender complementarity*, which partly are rooted in Islamic prescripts, uphold "separate but balanced" family roles for men and women (e.g., Nelson and Olesen, 1977). Accordingly, fathers, husbands, and adult sons should be the economic providers, and mothers, wives, and daughters should be the domestic laborers. Women, thus, are expected to contribute their domestic work, and in return, they expect financial protection from male kin (Jowkar, 1986).

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At the time of a daughter's marriage, however, her obligations transfer largely to her husband's family. Parents, thus, have invested more in sons (Yount, 2001, 2003a, 2003b, 2004) as the most viable form of old-age insurance, and such investments impose obligations of repayment. That said, a father historically has been obliged, in cases of need, to support financially a married son or daughter (e.g., Shaham, 1997). Moreover, high percentages of daughters marry blood relatives (18% - 47% across regions) (El Zanaty and Way, 2009) and live nearby their parents (e.g., 75% in the same village or neighborhood in parts of Southern Egypt) (Yount, 2005b). Both of these practices may facilitate the ongoing exchange of a daughter's instrumental care for parental financial support.

This gendered exchange-based system of family care heightens an older woman's *need* for economic support and lessens her *ability* to provide such support to children. This knowledge may lead women, even from early marriage, to invest heavily in their child-rearing to ensure economic security in old age (e.g., Yount, 2005a). Such outlays of care may yield economic returns from adult children that even surpass their duties, as prescribed by the patriarchal kin contract.

Much of this discussion on exchange-based family care is based on ethnographies and micro-demographies of Egyptian and Middle Eastern families (e.g., Joseph, 1993, 2000, 2008; Rugh, 1984). This literature, with some exceptions (e.g., Rugh, 1984; Joseph, 1994), has focused on exchanges in marriage (e.g., Hoodfar, 1997) or parental investments in young children (e.g., Yount, 2001, 2003, 2004). Aside from research on intergenerational coresidence (e.g., Shah et al., 2002; Sibai et al., 2007; Yount, 2005a; Yount and Khadr, 2008), little is known about the Middle East in terms of exchanges between older parents and adult children (see Sinunu et al., 2008 for an exception). This gap persists despite threats to the family safety net caused by declines in fertility (and the availability of kin to make transfers) (El-Zanaty and Way, 2009) and growth in chronic disease and disability in older adults (Yount, 2008; Yount and Sibai, 2009; Yount and Agree, 2005). A primary purpose of this analysis is to explore gaps – by gender of the older parent and adult child – in intergenerational transfers of money and material goods. A second purpose is to explore (a) to what extent differences in maternal and paternal *need* and *ability* account for parental gender gaps in these intergenerational transfers and (b) to what extent a residual maternal advantage in transfers may reflect her greater insurance-motivated investments in childrearing. Three specific questions, which relate to the above theories of intra-family transfers, guide the analysis:

- (1) Exchange motive: Does the intergenerational giving and receiving of material goods and money favor mothers over fathers, sons over daughters?
- (2) Altruism motive: Do differences between fathers and mothers in need (or the ability to give) account for parental gender gaps in intergenerational material and monetary transfers, or
- (3) Insurance motive: Is there a residual parental gap favoring women in intergenerational material/monetary transfers, even after accounting for their greater need (or lesser ability to give)?



## 2. Study Setting

The setting for this study was Ismailia governorate, located in Northeastern Egypt and housing 942,800 residents in 2006 (United Nations Development Programme [UNDP] and Institute of National Planning [INP], 2008). Since 2006, almost all households have had access to electricity (98%) and piped water (95%) (UNDP and INP, 2008), and the real GDP per capita and rate of adult ( $\geq 15$  years) literacy exceed the national average (\$6252 vs. \$5900 in PPP\$; 76% vs. 70%) (UNDP and INP, 2008). Ismailia's annual population growth rate (2.8%) also surpasses the national average (2.1%), and its dependency ratio is slightly lower (67 vs. 70). For women, rates of secondary or more schooling and labor force participation are higher than these national rates (28% vs. 23%; 25% vs. 23%); yet, in Ismailia, rates of literacy and labor force participation for women are fractions of the same rates for men (83% and 33%) (UNDP and INP, 2008).

## 3. Sample and Data

To generate the sampling frame for this study, a household census was conducted in one rural and one urban district, which included a detailed household listing and questions on household assets and amenities. From this frame, an age-gender stratified sample was identified, with oversampling of the oldest-old within each gender (1:3 ratio for 50 – 59 year-olds; 1:2 ratio for 60 – 69 year-olds; 1:1 ratio of 70-year-olds and older). A total of 1,182 eligible adults were identified, of whom 1,053 (88%; 491 men, 562 women) completed a baseline interview. The final sample for this analysis includes 4,526 parent-child dyads and excludes dyads with missing information on transfers (210), parental characteristics (220), and child characteristics (70).

Consenting older adults completed a series of modules in face-to-face interviews. The transfers module was adapted from the Multi-country Study of Older Adults in Southeast Asia (Hermalin et al., 2002). Questions included the frequency (never, occasionally, frequently) of material (major gift) and monetary transfers in the prior year between the older parent and *all* living coresident and non-coresident children. Older adults also were asked about their residential proximity with respect to each living child (coresident, same building, same neighborhood, same village, etc), extent of contact (visits and calls) with each non-coresident living child, and provision of care for grand-children. Finally, older adults provided basic information on the characteristics of each living child (age, schooling, marital status, and number of children). Separate modules included detailed questions about the older adult's socioeconomic status (e.g., parental and own schooling, marital history, occupational history) and health status (e.g., objective cognitive and physical functioning, reported chronic health conditions, reported difficulty with physical tasks and activities of daily living, medications taken, depressive symptoms, and health risk behaviors such as smoking).

## 4. Methods

Our measures of transfers were based on information about the exchange (giving and receiving) of material goods and money in the prior year, based on parents' reports of such exchanges with

each living child. For each parent-child dyad, four binary outcome variables were created that measured whether the parent (1) received money, (2) received goods, (3) gave money, and (4) gave goods.

The main exposures were gender of the older parent and child. Other attributes of the parent measuring his or her need for financial support (or ability to provide such support) were his or her number of living sons and daughters, marital status (yes or no), grades of schooling, work status at age 50 (yes or no), number of ADLs with any difficulty, a 0 – 20 score for objective cognitive functioning based on a Mini-Mental Status Exam for low-literate populations (Yount, 2008), and coresidence (or not) with the index child. Measures of need or ability of the child included his or her birth order, age in years, marital status (whether married or not), and grades of schooling. Study-design-based controls included parent's age in years and urban/rural residence.

For the analysis, we first explored univariate distributions of all variables to assess their completeness and distributional properties. We then estimated bivariate associations to assess potential problems of colinearity among the covariates and to explore the distributions of economic transfers by gender of the parent and child. Finally, we used logistic regression to estimate several multivariate models, controlling sequentially for (1) parental and child's gender plus a vector  $X_h$  of study-design based controls, (2) variables in model 1 plus a vector  $W_c$  of the child's characteristics, (3) variables in model 2 plus a vector  $V_p$  of parental characteristics, and (4) finally the variables in model 3 plus the parental characteristic (usually schooling) that accounted for the largest residual share of the transfer outcome. To the fully adjusted main effects models, we also added interactions between the parent's and child's genders. All models are weighted to adjust for survey design, and missing values are handled using listwise deletion. The statistical software used was Stata 8.

## 5. Selected results

On average, the parents were in their early 60s, and the majority lived in urban areas. Almost all fathers, and only half of mothers, were currently married, with remarriage after widowhood being common only for fathers. The average schooling attainment was low among the parents, with fathers having just over three grades of schooling and mothers having just over one grade. Almost all fathers and few mothers were working at age 50, as the majority of mothers did not work outside the home throughout their lives. Parents, on average, were experiencing some disability in daily living, with fathers reporting any difficulty with 1.5 ADLs and mothers reporting any difficulty with 1.9 ADLs. Compared to fathers (64%), mothers also more often (87%) reported having severe difficulty with at least one ADL, and their average score for cognitive functioning was lower (15.2 versus 16.7 out of a possible 20 on the modified MMSE). Parents had, on average, three sons and three daughters, and about half of fathers and a third of mothers lived with at least one of their children.

Children were, on average, in their late 20s and early 30s, with mothers tending to report older children than did fathers. Between one half and two thirds of the children were married, again with mothers reporting married children more often than did fathers. Levels of schooling increased greatly between the generations, with sons and daughters having completed, on average, 10 grades. As is customary, mothers and fathers were living more often with a son than with a daughter: over half of fathers (53%) and 42% of mothers lived with a son. That said, fathers were more likely than were mothers to be living with a daughter (33% vs. 20%). The most common arrangement for daughters was to live in the same neighborhood or village as their mother (55%) and father (48%). As expected, transfers from parents to adult children were associated with the gender of both generations. First, about two thirds of fathers compared to only 40% of mothers *ever* gave material goods to their sons and daughters in the prior year. Second, although fathers and mothers gave goods *regularly* more often to sons, both parents *ever* gave gifts more often to daughters. Although parents transferred goods more often than money, their monetary transfers were similarly gendered: almost twice as many fathers (55%) as mothers (30%) gave money to their children, and both parents more often gave money *regularly* to sons than to daughters. That said, there was almost no difference by the child's gender in the likelihood of *ever* receiving money from parents in the prior year. Almost all monetary transfers were reported to be loans (data not shown), which corroborates local norms of exchange-based family care, whereby the recipient of a transfer is obliged to reciprocate. Thus, in keeping with expectations of gender complementarity in exchange, fathers were the main providers of economic transfers to children, and both sons and daughters appeared to benefit from such transfers. In general, economic transfers from parents to children were much more common than were "upward" transfers. Among the upward material transfers, however, mothers appear to have benefitted more than did fathers: the most common transfer was from son to mother (37% of these dyads), followed by daughter to mother (20%), son to father (15%), and daughter to father (6%). Compared to the upward transfer of material goods, the upward transfer of money was equally frequent and likewise was patterned by gender of the parent and child. Again, the most common transfer was from son to mother (38% of these dyads), but then from son to father (17%), daughter to mother (14%), and daughter to father (5%). Thus, both sons and daughters gave to mothers more often than to fathers, and sons gave money more often than did daughters. Typically, upward monetary transfers also were reported to be loans (results available upon request).

Given that upward economic transfers were less common than were downward ones, we estimated the frequency with which parents reported bidirectional flows (parent-to-child and child-to-parent, within dyad) of material goods and money, respectively. In general, bi-directional transfers between a parent and child were rare (full results available upon request): less than 9% of parents reported bi-directional flows of gifts, and less than 7% reported bi-directional flows of money. Compared to economic exchanges with daughters, those with sons were more often bi-directional.

Controlling for parental age, urban/rural residence, and child's gender, mothers have 75% and 77% lower odds than do fathers, respectively, of giving materials goods and money to children. Controlling also for other child and parental characteristics attenuates these gaps, but mothers still have lower adjusted odds of giving than do fathers. Several adjusted associations of parental characteristics with giving goods and money are notable. Parents with more living children were less likely to give to the index child, suggesting that parents tend to distribute their finite resources among their children. Also, parents with more schooling who were living in wealthier households were more likely to give both money and goods to their children. Unexpectedly, parental physical and mental disabilities were positively associated with giving, especially material goods. Parents were *more* likely to give to daughters than to sons, although this difference was significant only for material goods. Interactions between the parent's and child's gender were marginally significant and showed that the relative odds of giving to daughters was higher among mothers than fathers. The odds of parental giving also were higher for younger and unmarried children. The latter findings suggest that parents give less as children become adults with their own nuclear families, and perhaps are better positioned to start giving back to their parents.

## 6. Discussion

We find that gender of the older parent and adult child are associated with the inter-generational transfer of money and material goods and also examined whether differences in maternal and paternal *need* and *ability* account for observed gaps in these economic transfers. Our analysis adds to the extant literature on family exchanges in Egypt, which has focused on exchanges between spouses and parental investments in young children.

Following norms of patrilineal endogamy, coresidence and quasi-coresidence are common between older parents and adult children. Married daughters, moreover, tend to live near their parents, in either the same village or even the same neighborhood. As a result, older parents and adult children maintain frequent contact, creating expectations of and opportunities for economic exchange.

Results based on 4526 parent-child dyads revealed that intergenerational economic transfers are highly gendered in Ismailia: fathers gave children money and goods more often than did mothers, and mothers received money and goods from children more often than did fathers. Older fathers, thus, were disproportionate givers, and older mothers were disproportionate receivers of economic transfers. Controls for parental and child need (or ability to give) narrowed this advantage, but mothers retained higher adjusted odds of receiving and lower adjusted odds of giving. Thus, one hypothesis that we tested was whether greater maternal financial- or health-related needs could account for greater transfers to older mothers than fathers. If not, then a residual excess in economic transfers to mothers may suggest that children are repaying their debts for prior maternal investments in childrearing. Empirically, measures of parental socioeconomic and health status were

not strong predictors of transfers from children and accounted for little of the observed maternal advantage in economic transfers. Parental need, thus, may be a secondary consideration in children's decisions to support their parents financially. Instead, norms pertaining to the gendered exchange of family care still appear to dominate such decisions. Also, intensive – and strategic – prior maternal investments in their children may have bolstered children's customary obligations toward their mothers. In the absence of information on prior maternal investments, the latter interpretation is only speculative. This interpretation, however, is consistent with Kandiyoti's (1988) concept of patriarchal bargaining, in which economically dependent women maximize their life options by investing strategically in their most reliable kin.

For most parent-child dyads, however, economic transfers were primarily downward, from parents – and especially fathers – to their adult children. This pattern may stem from a father's customary, and lifelong, obligation to support his dependent children financially. This interpretation is supported by the finding that children's attributes accounted for most of the explained gap in paternal and maternal giving (Table 3). This pattern also may have intensified in response to the prolonged dependence of children, which has resulted from higher schooling attainment and later ages at marriage. Confirmation of this interpretation, however, would require panel data that track intergenerational transfers alongside these economic and demographic changes. Still, when considering economic transfers between older parents and their adult children, we cannot assume that all parents will enjoy the economic fruits of prior investments in their children. If anything, these fruits are enjoyed mostly by older mothers, who perhaps invested in childrearing as long-term insurance against economic need.

## REFERENCES

- Agree, Emily M. Ann E. Biddlecom, and Thomas W. Valente. 2005. Intergenerational Transfers of Resources between Older Persons and Extended Kin in Taiwan and the Philippines. *Population Studies* 59(2): 181-195
- El-Zanaty, Fatma and Ann Way. 2009. *Egypt Demographic and Health Survey 2008*. Cairo, Egypt: Ministry of Health, El-Zanaty and Associates, and Macro International.
- Frankenberg, Elizabeth Lee Lillard, Robert J. Willis. 2002. Patterns of Intergenerational Transfers in Southeast Asia. *Journal of Marriage and the Family* 64(3): 627-641.
- Hermalin, Albert I. (ed.). 2002. *The Well-Being of the Elderly in Asia*. Ann Arbor: University of Michigan Press.
- Hoodfar, H. 1997. *Between Marriage and the Market: Intimate Politics and Survival in Cairo*. Berkeley: University of California Press.
- Joseph, S. 1993. Connectivity and Patriarchy among Urban Working-Class Arab Families in Lebanon. *Ethos*, 21(4), 452 – 484.
- Joseph, Suad. 1994. *Brother/Sister Relationships: Connectivity, Love, and Power in the Reproduction*

- of Patriarchy in Lebanon. *American Ethnologist* 21(1): 50-73.
- Joseph, S. 2000. *Gender and Citizenship in the Middle East*. Syracuse: Syracuse University Press.
- Joseph, S. 2008. Familism and Critical Arab Family Studies. Pp. 25 – 39 in K. M. Yount and H. Rashad (eds.), *Family in the Middle East: Ideational Change in Egypt, Iran, and Tunisia*. Oxford, UK: Routledge
- Jowkar, F. 1986. Honor and shame: a feminist view from within. *Feminist Issues* 6(1): 45 – 65.
- Kandiyoti, Deniz. 1988. Bargaining with Patriarchy. *Gender and Society* 2(3): 274–90.
- Lillard, Lee A. and Robert J. Willis. 1997. Motives for intergenerational transfers: evidence from Malaysia, *Demography* 34(1): 115-134.
- Nelson, Cynthia and Virginia Olesen. 1977. Veil of Illusion: A Critique of the Concept of Equality in Western Thought. *Catalyst* 10:8-36.
- Palloni, Alberto, Guido Pinto, and Rebeca Wong. 2009. Family Support Networks and Population Aging. Paper presented at the seminar on family Support Networks and Population Aging, Doha International Institute for Family Studies and Developmen, UNFPA and Institue for Policy Research, Northwestern University, 3-4 June, Doha, Qatar.
- Rugh, Andrea B. 1984. *Family in Contemporary Egypt*. Syracuse, NY: Syracuse University Press.
- Schoeni, Robert E 1997. Private interhousehold transfers of money and time: new empirical evidence, *Review of Income and Wealth* 43(4): 423-448.
- Shaham, R. 1997. Family and the Courts in Modern Egypt: A Study Based on Decisions by the Shari'a Courts, 1900 – 1955. Leiden, The Netherlands: Brill.
- Shah, N., K.M. Yount, M.A. Shah, and I. Menon. (2002). Living arrangements of Older Women and Men in Kuwait. *Journal of Cross-Cultural Gerontology* 17: 37–55.
- Sibai, A.M., KM Yount, A. Fletcher. (2007). Marital status and living arrangements as predictors of mortality among middle-aged and older men and women during wartime in Beirut: Gains and Liabilities. *Social Science and Medicine* 64(1): 64–76.
- Sinunu, M.A, KM Yount, and N. El-Afifi. (2008) Formal and Informal Care of Frail Older Adults in Cairo, Egypt. *Journal of Cross-Cultural Gerontology* 24(1): 63-76.
- Soldo, Beth J. and Martha S. Hill. 1993. Intergenerational transfers: economic, demographic and social perspectives, in G. L. Maddock and M. P. Lawton (eds.), *Annual Review of Gerontology and Geriatrics: Focus on Kinship, Aging and Social Change, Volume 13*. New York: Springer, pp. 187-218.
- United Nations Development Programme (UNDP) and The Institute of National Planning, Egypt (INP). 2008. *Egypt Human Development Report 2008: Egypt's Social Contract: The Role of Civil Society*. New York and Cairo: UNDP and INP.
- Yount, K.M. (2001). Excess mortality of girls in the Middle East in the 1970s and 1980s: Patterns, correlates, and gaps in research. *Population Studies* 55(3): 291–308.
- Yount, K.M. (2003). Gender bias in the allocation of curative care in Minia, Egypt. *Population Research and Policy Review* 22: 267–295.
- Yount, K.M. (2004) Maternal Resources, Proximity of Services, and the Curative Care of Boys and Girls in Minya, Egypt. *Population Studies* 58(3): 345–355.
- Yount, K.M. (2005a). The Patriarchal Bargain and Intergenerational Coresidence in Egypt. *The*

Sociological Quarterly 46(1): 137–164.

Yount, K.M. (2005b). Resources, Family Organization, and Violence against Married Women in Minya, Egypt. *Journal of Marriage and Family* 67(3): 579–596.

Yount, K.M. (2008). Gender, Resources across the Life Course, and Cognitive Functioning in Ismailia, Egypt. *Demography* 45(4):907–926.

Yount, K.M. and E. Agree. (2005) Differences in Disability between Older Women and Men in Egypt and Tunisia. *Demography* 42(1): 169–187.

Yount, KM and Z. Khadr. (2008) Gender, Social Change, and Living Arrangements among Older Egyptians During the 1990s. *Population Research and Policy Review* 27(2):201–225.

Yount, K.M. and A. Sibai. (2009). The Demography of Aging in Arab Countries. Chapter 13 in *International Handbook of Population Aging*, edited by Peter Uhlenberg. Dordrecht, The Netherlands: Springer.

# THE DYNAMICS OF MULTIGENERATIONAL CARE IN SINGAPORE<sup>1</sup>

Thang Leng Leng and Kalyani K.Mehta<sup>1</sup>

## 1. Introduction

The notion of cycle of care permeates in the multigenerational family care system. In general, there are three successive phases of generational relations between aging parents and their children: in the first phase, parents support the younger generation by providing care and financial support; in the second phase, parents support the younger generation in the care of grandchildren and in the final phase the direction of assistance is from the younger generation to aging parents instead (Morioka, 1996). From this notion, the older generations are both the provider and recipient of care. However, the mention of intergenerational family care commonly evokes images of older persons receiving care by family members, usually a daughter or daughter-in-law. This reflects the reality of the rising demands in the care of the old and frail in an aging society. However, it fails to portray the complex web of care in the family which consists not only of the immediate family, but sometimes includes other players, such as a foreign domestic worker or maid.

This paper, in addressing the interplay between the caregivers and care recipients in the context of Singapore family through qualitative data,<sup>2</sup> includes in the discussion the impact of the presence of paid foreign domestic maids in the family setting. Besides eldercare, the paper examines intergenerational family care from a life course perspective, and will also consider care in the reverse direction: that of older persons providing care to the grandchildren in the family milieu.

## 2. The Singapore Context: Demographics and Mosaic of Care

A small nation of only 710.2 square kilometers in area situated in the Asia Pacific region, Singapore represents a unique case of a rapidly ageing society. In 1990, Singapore's population was 3 million; by 2008, it has risen quite rapidly to 4.84 million. It is now one of the fastest ageing countries in the Asia Pacific region. It is projected that the proportion of older persons from age 65 will increase rapidly from 6.53% in 2008 to 25.8% in 2030 (UN data, 2009).

Singapore society is characterized by relatively high percentages of elderly living with their children and/or with spouse and children, which was at 73.7% in 2000 but reporting a slight decrease to 69.4% in 2005 (DOS Singapore, 2006). The mosaic of family care that is a common pattern in Singapore consists of multiple generations either living in the same household or living in separate households which are often within close proximity. Socioeconomic changes such as the norm for dual income family, housing and economic constraints all explain the pragmatic need for intergenerational interdependence. Cultural norms and expectations of filial piety in Asian families further buttress the expectations for intergenerational interdependence over the life course (Mehta and Thang, 2006). Government policies such as housing and tax incentives and the Foreign Maid Scheme introduced in 1978 allow families to employ overseas live-in-maids to help support family

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caregiving needs, ranging from childcare to eldercare, and housework chores. However, the cost of employing maids (about US\$400 a month for salary and levy) restrict the availability of such form of help to only families who can afford. Despite the cost, the number of maids has increased steadily, from 5,000 in late 1970s to about 170,000 in 2008 (The Associated Press, 2008). They came mainly from neighboring countries such as the Philippines, Indonesia, Myanmar, Sri Lanka and Nepal. With one in every six households employing a live-in maid, Singapore has become is one of the world's top employers of maids (Tsai, 2008).

Live-in maids are virtually an “extra pair of hands” in the family care scenario in Singapore, where the “Many Helping Hands” policy endorses by an anti welfare state government urges individual responsibility and the family as the first line of defence (Inter-Ministry Committee on the Ageing Population, 1999:13).

### 3. Analysis of Emergent Themes

In the literature on caring in the Singapore context, reciprocity - expressed sometimes as *filial piety* (Thang, 2000; Mehta and Ko, 2004) and *ambivalence* (Teo et.al., 2003) are two common concepts relating to family care. They are found to be undergirding the analysis on multigenerational care in an intergenerational context.

#### *3.1. Multigenerational households and mutual help*

Older persons staying in multigenerational households are not necessarily dependent, many indicated that they have or are providing care to their grandchildren living in the same household. For example, a Malay grandfather showed his wife and his engagement with the grandson when he was young as follows:

“ Yes I am close, close (to my grandchildren). For example, with my grandson here, when he was still young, my wife and I took care of him. We sent him to school, picked him up from school. My wife would prepare his meals. Because his mother was working, so I took care of his wellbeing. I also took care of another grandson when he was very young. My wife took care of him and of his meals. His mother was working too: sometimes going in the morning and coming back at night, going in the afternoon and coming back at night. My wife and I took care of him, so that we will always have strong relationships with our grandchildren and children.” (L1, GPP)

The sense of gratitude and reciprocity is in turn reflected in his children. As his adult child asserted,

“Well, of course.....taking care of the grandparent also, of course I want to give the best to I can give to them.... if you can survive until now, now is the time for us to repay back on what they have done for us. And its time for us to...and we know that life is ..... very short...so I want to give the fullest attention to them.” (N2, GPP)

The above multigenerational household represents the ideal of containing family care

within the domestic domain where help is received and given in reciprocal manner in the circle of multigenerational web of care. However, such form of care is not necessarily without dilemma.

### *3.2. Dilemma in family care*

Studies have shown ambivalence expressed by the older generation. Health concerns seem most prevalent among the grandparents where grandparents worried that they do not have enough energy to care for the young. There is also ambivalence when grandparents question if it is their responsibility to care for grandchildren,

“Because the grandchild is not my responsibility, it is my children’s responsibility...Because if you look after someone, you have the responsibility. It wears down one’s physically. You want to relax...” (FG2, n7; TFP)

Among the healthy elderly, instead, they see caregiving responsibility as a conflict to their desire for a relaxing retiring life and freedom. They represent the emergence of “modern day grandparents” who stress and protect their own freedom and space. However, grandparents in general recognize the need to help their children when necessary.

A common strategy among the grandparents is to include the foreign maids in the care equation so that they take the supervisory role in caring for grandchildren. However, this could lead to conflicts between young parents and their older parents as young parents may feel economically strained to have to pay for a maid.

### *3.3. Impact of the foreign maids in family dynamics*

As shown earlier, it is more the exception rather than norm especially for families with young children and elderly to have no maids at home. Nonetheless, the entrance of an outsider into the family is not always readily accepted. Grandparents who view themselves as the guardian and transmitter of values, worry about the incapability of maids to perform the important role; and parents are concerned that maids cannot be trusted to care for very young children.

Within the context of eldercare within the family, the issues of providing quality care may be less of a concern, as maids are perceived as relieving the physical demands of caring for a dependent elderly. However, some adult children are equally concerned with not giving the best to their parents by relegating the responsibilities to the maid. On the other hand, there is the paradox that adult children may neglect their dependent elders with the presence of a maid to fulfill all the caregiving needs. In some families, the elder parent may be living alone with a maid paid for jointly by a few children. The over-reliance on maid may also give rise to opportunities for elder abuse especially if there is little or no respite provided for the employed foreign maid. A lack of common language since current cohort of Singaporean elders may not speak English or the same language with the maid is another cause of misunderstanding and may lead to frustration for both the carers and those being cared for. It is a paradox that the hiring of a maid facilitates the continuity of filial

responsibility on the part of the adult children, yet it could blur the boundaries between direct filial care from adult child and purchased care delivered in the family home, albeit paid for by the adult child.

However, primary carers are aware too of the merits of ‘an extra pair of hands’ at home as they largely relieve the stress of the family caregiver, which can help to improve the relations between the elderly and the family caregiver, where the maid provides instrumental support, the family can focus on giving emotional support.

#### 4. Conclusion

While it is undeniable that carers feel a sense of satisfaction and fulfillment in the long run, it is more apparent that eldercare within the family arena is generally accompanied by stress and tension (Mehta, 2007). The Singapore government has recently stepped up in support for family caregivers with services coordinated through the Agency for Integrated Care to help families to find appropriate services for seniors discharged from hospitals to move back to the home and the community.<sup>3</sup> However, whether or not to employ a foreign maid remains a common option for families requiring care help for elderly parents and young children. The foreign maid is becoming an essential ‘helping hand’ supporting family care, however, for the Foreign Maid scheme to improve and serve the needs of the family better, the government should step up support for this group of caregivers, such as for counseling and respite services to include these quasi-family caregivers as well. In the recent years, NGO and civil society groups such as TWC2 (Transcient Workers Count Too) and CMI (Commission for Migrants and Itinerants) have been formed to promote better living for foreign maids in Singapore (Rahman et.al., 2005).

Given the norm in dual working family, the notion of cycle of care will increasingly be incomplete without considering the maid’s contribution, whom, as the direct caregiver for both a young child as well as a dependent elderly, is present in every phase of the cycle of care.

#### Policy Recommendations

1. Comprehensive policy to support family care: this includes a seamless system of step-down care for elderly who are discharge from hospital and moving to live with the family, long term care facilities in the vicinity of residential areas, support for family caregivers, such as respite care services, home help services.
2. Institute family care leave for working adults to be able to take such leave to bring their elderly parents and spouses to hospitals/clinics, or to respond in time of home emergencies.
3. For countries which allows for employment of foreign live-in maids to help support family care, there should be measures to support their quasi-family caregivers, such as counseling,

training for care and nursing, classes for understanding of host culture and customs to facilitate living with employers, as well as respite services.

## REFERENCES

- Department of Statistics (DOS). (2006) General Household Survey 2005, Statistical Release 2 – Transport, Overseas Travel, Household and Housing Characteristics, p 45.
- Inter-Ministerial Report of the Ageing Population (1999) Singapore: Ministry of Community Development and Sports.
- Mehta, K. (2007) Caregiving for Older Persons in Singapore: Trends, Issues and Policies. *Social Service Journal*, 21:2-5.
- Mehta, K. & Ko, H. (2004) Filial Piety Revisited in the context of modernizing Asian societies. *Geriatrics and Gerontology International* 4: S77-S78.
- Mehta, K. and Thang, L.L. (2006) Interdependence in Asian families: The Singapore case. *Journal of Intergenerational Relationships*, 4(1), 117-125.
- Morioka, K. (1996). Generational Relations and Their Changes as they Affect the Status of Older People in Japan. In T.K. Haraven (ed.) *Aging and Generational Relations: Life-course and cross-cultural perspectives*. New York: Aldine De Gruyter.
- Rahman, N.A., Yeoh, B.S.A. and Huang, S. (2005) “Dignity Overdue”: Transnational Overseas Workers in Singapore. In S. Huang, B.S.A. Yeoh and N.A. Rahman (eds) *Asian Women as Transnational Domestic Workers*. Singapore: Marshall Cavendish.
- Teo, P., Graham, E., Yeoh, B. & Levy, S. (2003) Values, Change and Intergenerational Ties between two generations of women in Singapore. *Ageing and Society* Vol. 23: 327 – 347.
- Thang, L.L. (2000) *Aging in the East: Comparative and Historical Reflection*. In T.R. Cole, R. Kastenbaum and R.E. Ray’s (eds) *Handbook of Humanities and Aging*. 2<sup>nd</sup> Ed. N.Y.: Springer.
- The Associated Press, Singapore. (2008) “Singapore advocacy groups campaign for days off for maids”, <http://www.thejakartapost.com/news/2008/04/30/singapore-advocacy-groups-campaign-days-maids.html>, 30 April 2008. (Accessed 31 May 2009).
- Tsai, Lan Shioh (2008) *Reminder: Maids are Human Beings too*. Singapore Institute of International Affairs, 1 August 2008. (<http://www.siaaonline.org/?q=blog/reminder-maids-are-human-beings-too>, accessed May 27, 2009)
- UN Data. (2009) <http://data.un.org/>. (Accessed 31 May 2009).

### (Endnotes)

1 The content of this paper is based on a book chapter by Mehta and Thang published in “Aging and caring at the intersection of work and home life: Blurring the boundaries” (edited by Anne Martin-Matthews and Judith E. Phillips), New York and London: Lawrence Erlbaum Associates. 2008. This paper is an updated version with latest materials provided where appropriate.

2 The data are derived from three different qualitative projects and consists a total of six focus groups of elderly, 45 interviews with different generations in 15 families, and six focus groups with family caregivers (see the Mehta and Thang, 2008 for details).

3 See <http://www.aic.sg/> for more details.

## NOTES CONCERNING ELDER'S PATRONAGE IN THE ARAB COUNTRIES

Dr. Kheder Zakaria<sup>1</sup>

Issues that are related to elder people in the Arab countries are characterized by several features that distinguish them from their counterparts in other countries, particularly the advanced industrial countries as countries of Western Europe and North America. That the Arab societies are going through a transitional phase: from the traditional and the old phases to the modern and contemporary. The old social relationships and traditional values fall back, some are fading gradually, but the modern social relations and values of modernity have not been confirmed, nor become a mainstream yet. Most reflected the situation on the relationships within the family, including the method of dealing with the elderly.

1. The traditional family (extended family) where parents, sons and daughters, and grandchildren live with their grandparents, no longer exists except in a narrow range that does not exceed the fifth. (The proportion of extended families ranged between about 4% of the total families in Syria and 18% in Qatar, for example). As for the rest of the families, they became marital (nuclear) which only include a husband, a wife and their children. Although the split of the traditional family into separate family units might solve lots of the social problems that occur due to maladaptation that happens sometimes as a result of difference between generations in one family, it also leads to the changing of the expected roles for parents and children and what is connected to the role of the grandchildren and grandparents. The traditional roles for each of the generations within the family are no longer the same. Also the supportive of these traditional roles for the generation of grandparents, parents and grand children are fading gradually (gradual loss). The contemporary family is no longer considered to be the productive unit for its individuals. The grandfather or the father is no longer the master or the decision-maker in the family.<sup>2</sup>

Many of our traditional social values are still present strongly in most of the Arab societies. There is still a part of the family correlation, cohesion, solidarity which protects the parents during their late-life; there are differences in the correlation in different countries according to their social and economical development. As well as some differences between countryside and town within the same country, where it is found that the family relationships are stronger in the countryside. In addition, the elder people are not really heard due to the effects and influences of globalization, the young youth are being busy with internet, satellites without even having the ability to differentiate between what is good and what bad, or what is relevant to our values and behavioral styles of what is being broadcasted through different media means.

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2 For more information, see Yusuf Breeck: situations of the elder people in the care houses that are officially licensed in Syria. The Syrian Organization for family. Damascus, 2006. (Field study; not published)

Thus highlights the contrast between the pattern of contemporary family and the roles of individuals, roots and branches and between the expectations of each generation from the other within the same family, depending on the different values that govern the behavior of each of those generations.

2. The second characteristic feature of the issues of aging in the Arab countries is concerned with the demographic shift in these countries. When we talk about the elderly in the Arab countries we are dealing with a broad category of non-homogeneous society. In most Arab countries employees are to retire at the age of sixty, although a large proportion of them are still able to work and give, and do not need any care (in terms of health at least). The age is not the only indicator to signify the term “elderly”, but the ability to work, and the health status of the person concerned. And some researchers distinguish between the “young elderly” (60-74 years), and “older adults” (75-84 years), and “elder old people” (85 years and over). Problems related to each category of the elderly differ from one to the other. What concerns us here is that most of the first category continue to be able to work, and must look for ways and mechanisms of integration in economic and social activity for their communities. But the major obstacle to achieving this goal lies in the lack of adequate employment opportunities, as a result of patterns of demographic transition on the one hand, and the nature of development plans in place on the other. Demographic shift towards more demographic openness (the opportunity) has begun in a number of Arab countries. But this transformation has its distinctive characteristics in these countries. Where increasing numbers of young people with increasing numbers of children and the elderly at the same time, unlike developed countries where increasing numbers of older people with declining numbers of children who are going to the youth of the country in a few years. The fertility rates in Arab countries are still among the highest in the world, at a time of declining mortality rates and rising life expectancy at birth.

Thus, the percentage of young people aged 15-24 has reached about 20% of the total population of Arab countries in 2000, while the proportion of working-age population (15-64) to about 38% and is expected to reach 45% in 2020. The age group 65 and over has formed 3.6% in 2000, and is expected to exceed 5% in 2020.<sup>3</sup> But as we have indicated the retirement age in the Arab countries is at 60 years. Therefore, the proportion of this category will increase significantly from the ratios mentioned. The question is: how to ensure sufficient employment opportunities for the increasing numbers of young people and old people that are able to work at the same time?

Arab countries have missed the opportunities provided by economic booms in the second half of the last century and the beginning of this century, particularly the boom in oil prices after the October 1973 war and the resulting unprecedented rise in GDP for the Arab States of oil-producing, as well as the rise in the price of oil and gas in the past few years, before the financial global crisis affects the Arab region. Most of the oil money of both booms mentioned has either gone to foreign

<sup>3</sup> Abdul Basit Abdul Muti, *Population Developments in the Arab Region: Challenges and Opportunities*, paper presented at the Arab Conference on Population and Development: Reality and Perspectives, Doha, May 2009  
Khaled Louhichi, *Arab Migration: Challenges and Opportunities*, paper presented at the above mentioned conference.

banks and multinationals, or to the construction sector projects and luxury leisure, and use only a fraction of them in productive projects that can create and re-create real jobs for the growing numbers of job seekers.

Therefore, unemployment has exacerbated in the Arab region until it became the highest rate in the world, while unemployment rate among young people has reached about 25% which represents three times the rate of unemployment of adults.<sup>4</sup> It is striking that the rates of unemployment among females is higher than among males in all Arab countries, Which refutes the views that attribute the lack of contribution of Arab women in work due to the customs, traditions and culture. There is no doubt that some women are barred from work or abstain as a result of customs and traditions, but the data clearly show that in all Arab countries, there are increasing numbers of females looking for work and unable to find, Which confirms that the lack of job opportunities is the primary reason behind the smaller contribution of Arab women in economic activity.<sup>5</sup> If so, for young people, how can we empower the elderly to contribute in economic activity? How do we work on integrating them in the fields of community life?

Therefore, the Transitional status faced by Arab countries, affects the situation of older persons in the following respects:

**A. Reduces the possibility of enabling the elderly to contribute to economic activity:** It is clear that such a possibility becomes less and less with the worsening unemployment and growing numbers of young job seekers. For example decreased the proportion of workers aged 60 years and over in Syria from about 30% in 1994 to less than 20% in 2004. The argument put forward is to give young people the opportunity to find work. However, facts show that youth unemployment rates are increasing, and lose at the same time experience of the elderly, wisdom and far-sighted vision.

**B. Reduces the state's ability to provide adequate support for the elderly:** The aggravation of poverty and unemployment, and sources' abuse lead to the inability of the State to meet the needs of the elderly, in particular, lack of social security coverage to all them, and lower income of the elderly and inadequate financial resources for the family to provide care. In addition, the youth unemployment makes the elderly have to support young people rather than that young people are responsible for supporting the elderly. The migration of young people in search of work is often left the elderly without family support, or care.

**C. The conditions of older women are more severe than elderly men:** The elderly woman are often illiterate and have no source of income, and the coverage under social security system is less likely than men. The status of older women in the family below the men. Often divorced or widowed getting older lonely because her marriage much more difficult than analogous man. And what makes the situation more difficult, it is women who are usually in the service of men and it includes the elderly as it includes the others.

<sup>4</sup> Khaled AL-Wahashi (Arab Immigration), research paper presented to the above mentioned conference.

<sup>5</sup> This was true since the eighties of the last century at least, is still true even today. See in this regard: Khadr Zechariah, On the social status of Arab women, house parents, Damascus, 1998 Based on the data of population censuses in 1994 and 200

D. Although the values of respect for elders retreat, and the new generations do not busy themselves with the elderly in the family, and the ability of the family, especially poor families, to care for its elderly diluted, the values prevailing in Arab societies still oppose the entry care home and considered to be a defect and a shame on the family that put the elderly in the nursing home. Hence the number of elderly people in the nursing home mentioned is very low. For example, the number of elderly in all nursing homes in Syria (19 houses) in 2006, a total of 585 elderly and elderly out of a million people aged 60 years or more, or less than 0.6% of the elderly. The funny thing is that the number of workers in this houses more than the number of treated patients (593 people). Herein lays the plight of the elderly in our country: neither family able to care for them, nor social values allow putting them in care homes. So what then.

We need innovative solutions:

**First:** the empowerment of older persons and their integration: the creation of the required areas of work and economic activity for the elderly who are able to exercise this activity, regardless of their profitability or economic feasibility handicrafts, and production projects in small and micro enterprises, and organizing training courses on the work appropriate for them. As well as the establishment of special funds to support aging issues, and work on the coverage of social security systems and health of all older persons.

**Second:** In the area of care: the adoption of welfare-style mobile home, which means periodically visit the elderly in their families by professionals, and medical assistants, social workers, psychologists, and to provide financial and technical support to families caring for elderly members, and strengthening the role of civil society organizations and private charities to promote and support financially and technically in the field of care for the elderly and raise the financial allocations for their support by the trade unions and professional associations, and others.

**Third:** In the area of recreation: Encourage and support traditional forms of gathering the elderly (by the state and civil society): such as hostels, social clubs, forums, etc. and encourage the spread of popular cafes, especial for the elderly, and the establishment of social and recreational clubs, sports and education for them, under their management and to develop programs for them. Considering the media which is interested in the old people like TV series, movies and documentaries all of these materials keep the dignity of the elderly and help them to spend the rest of their lives in peace without any disturbance.



# INTERGENERATIONAL ECONOMIC TRANSFERS AND POPULATION AGEING IN LATIN AMERICA

Luis Rosero Bixby<sup>1</sup>

Using estimates from the National Transfer Account (NTA) and drawing upon the theoretical and methodological work by Ronald Lee, Andrew Mason, and collaborators<sup>2</sup>, this paper shows the patterns of intergenerational transfers and economic life cycle in five, middle income, Latin American countries: Brazil, Chile, Costa Rica, Mexico, and Uruguay. The estimates are based on age-profiles derived from national surveys on income and expenditures in households, as well as macroeconomic totals from the National Income and Product Account system. The method is summarized by Lee, Lee and Mason (2008).<sup>3</sup> All per capita estimates presented here were normalized to “income units”: the national average per capita labor income earned in the peak age bracket from 30 to 49 years.

The NTA estimates show some surprising or little known realities regarding the systems of intergenerational transfers and intra-generational reallocations in Latin America, namely:

1. Old adults aged 65 and over are far from being a net economic burden to their families; the economic transfers they give to their family members are, on balance, larger than what they receive from them. Only at very high ages in some countries old adults receive more than they give (Figure 1)
2. Elderly Latin Americans are, on average, wealthy individuals. Their per capita income from assets by age 65 is as high (or even more) as per capita labor income at peak ages (Figure 2).
3. Elderly Latin Americans receive a disproportional high share of public transfers in per capita terms (Figure 3). However because this population has been relatively small, this reality may not be self-evident (and it may be unsustainable with population ageing)
4. While family transfers is by far the main funding source of consumption at young ages, asset income and public transfers (especially pensions) fund most consumption at old ages and these even allow for substantial savings and out-transfers to family (Figure 4).

A United Nations (2005)<sup>4</sup> study on living arrangements of old persons around the world found that, in Latin America, about 71% co-reside with children or grand children, well above the 20% co-residence in North America and Europe. This high level of co-residence with young generations (reflection in part of high fertility levels) results in high intensity of family transfers per old person. However, a precision is in place regarding the generational direction of these transfers. Although there is a fair amount of reciprocity, downward transfers dominate. A semantic clarification seems necessary: in most cases, parents do not “live with children,” but children are the ones who live with parents. A Costa Rican survey to the population aged 60 and over investigated the issue of

1 Central American Population Center; University of Costa Rica

2 National Transfer Accounts Web pages at: <http://www.schemearts.com/proj/nta/web/nta/show>.

3 Lee, Ronald, Sang-Hyop Lee, and Andrew Mason. 2008. Charting the Economic Lifecycle: Population Aging, Human Capital Accumulation, and Productivity Growth. In *Population and Development Review*, edited by A. Prskawetz, D. E. Bloom and W. Lutz.

4 United Nations (2005) Living Arrangements of Older Persons Around the World. New York: United Nations publication ST/SEA/STAT/SER.A/240.

who lives with whom and found that in 96% of cases the children were the ones living with their parents (they never left parental home or they at some point returned to it). It seems that the perception of elderly population (defined as 65 and over) as a burden for their children is a myth in Latin America. Perhaps that is true for the oldest-old population. However in the five study countries, population 80 years and over is only about 20% of that 65 and over. Men and women 65 to 79 years old, that is 80% of elderly population, most of the time are far from being a burden and, instead, they are an asset for their children: they are relatively wealthy, they receive substantial transfers from government (pensions), and some even have labor income.

The intergenerational transfer system prevalent in Latin America might make the National Treasure the first and most important (and maybe the only) economic casualty of population ageing if no changes are introduced in the age patterns of taxes and/or public transfers. Families, by contrast, might be better off with population ageing, since old persons provide on average more than they receive from children. Before reaching a high proportion of elderly population, Latin American economies have been profiting from the relatively faster increase in the population at the lifecycle surplus ages. This *demographic dividend*<sup>5</sup> is, however, almost over. A second demographic dividend might have started, and will continue for many years, from the relatively faster growth of the population in ages of maximum accumulation of wealth and the corresponding increase in the capital per labor ratio that should improve productivity.

These *dividends* are, however, just *potential* effects that may or may not occur in reality. They will occur under the assumption that everything else stays constant. However, these dividends might be reduced or amplified by changing circumstances. If, for example, the faster growth of working-age population only translates in higher unemployment, there will be no first dividend. If, on the other hand, government and families invest the first dividend in human capital, there will be a multiplicative effect. Moreover, some of the potential effects might be unsustainable and will push for changes to avoid this takes place. The Government, for example, might introduce corrections to reduce public transfers to old persons and increase tax revenues from these people in an effort to avoid the negative fiscal dividend associated to population ageing.

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<sup>5</sup> Mason, Andrew, and Ronald Lee. 2007. Reform and Support Systems for the Elderly in Developing Countries: Capturing the Second Demographic Dividend. *Genus* LXII (2):11-35.

Figure 1. Private transfers over the life cycle in 5 Latin American countries and the USA

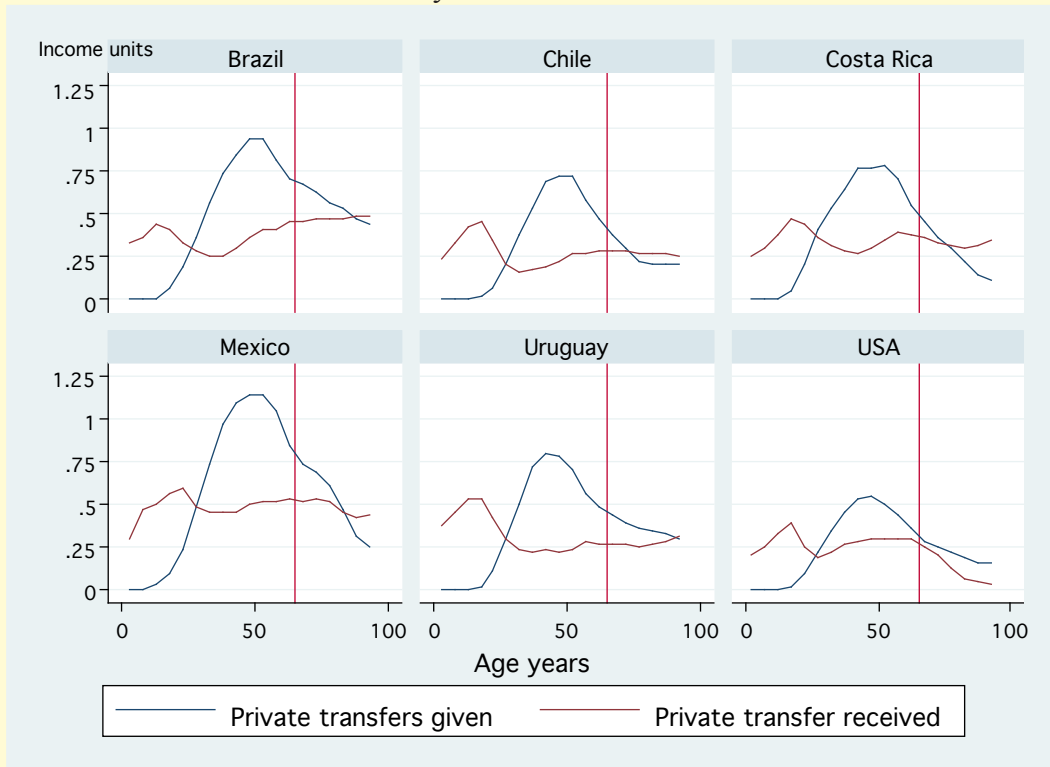


Figure 2. Per capita income from assets by age in 5 Latin American countries and the USA

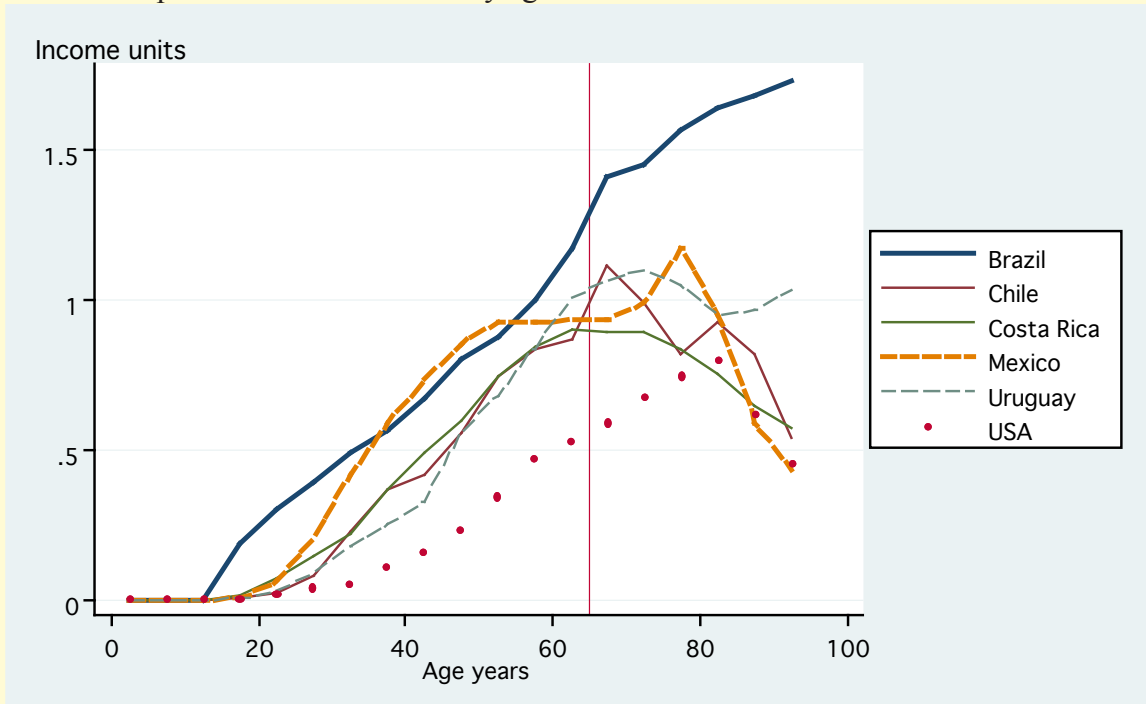


Figure 3. Fiscal life cycle deficit in 5 Latin American countries and the USA

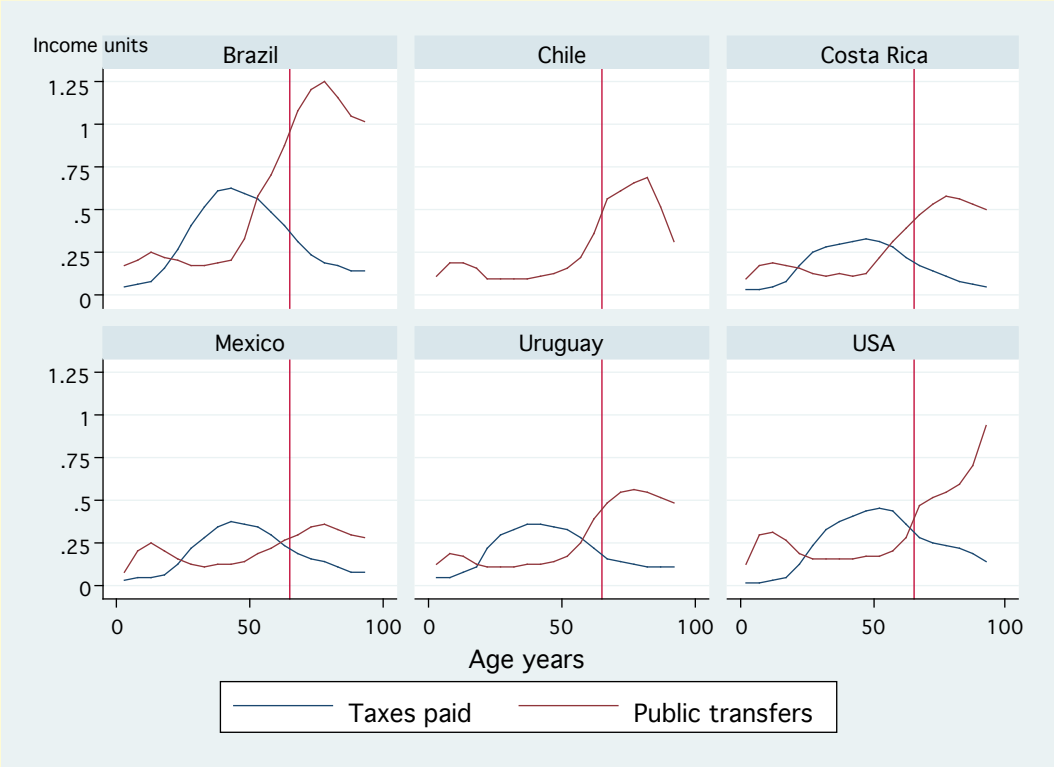
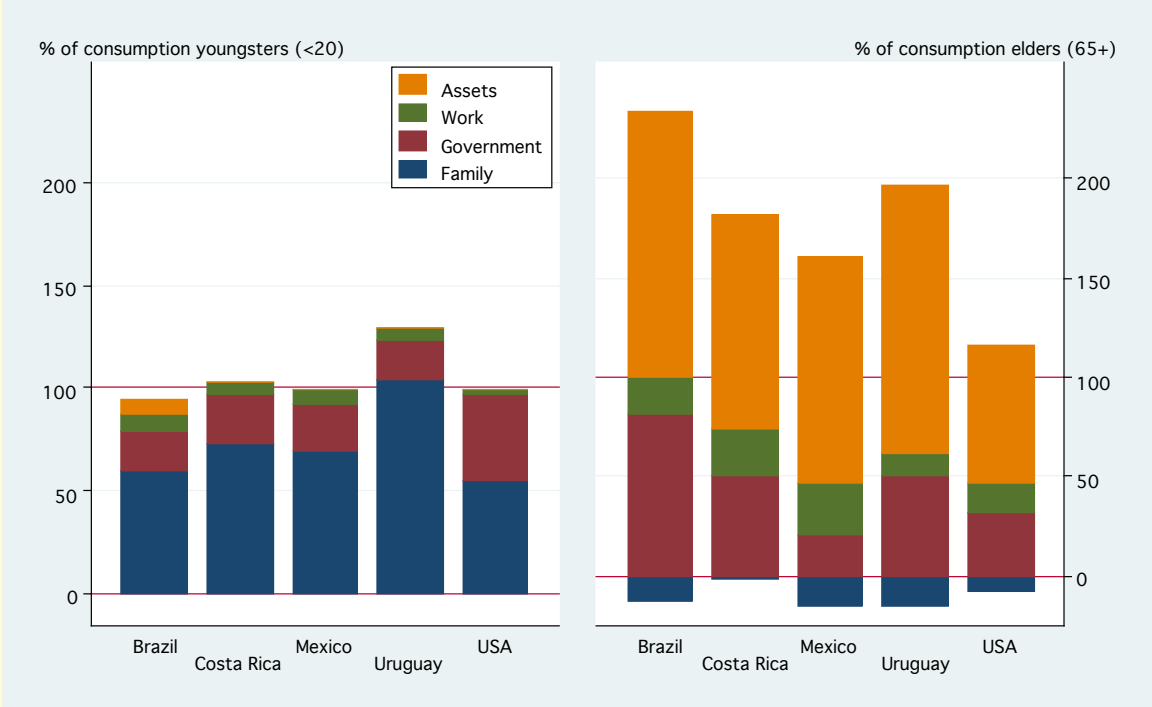


Figure 4. Financing consumption of the young and the elderly



# CHILD-TO-PARENT FINANCIAL TRANSFERS AND THEIR CONTRIBUTION TO REDUCING ELDER POVERTY IN KOREA

Erin Hye-Won Kim<sup>1</sup> and Philip J. Cook<sup>2</sup>

## 1. Introduction

The Korean population is rapidly ageing. One result is a growing need for elder care and financial support. But the traditional family provision is breaking down and an alternative system is not yet in place. As a result, caring for the older Koreans poses a major challenge to Korean society. Yet relatively little is known about the actual financial status of elderly Koreans or the amount of support elderly Koreans receive from their children. This paper addresses these issues using data from a national survey.

This paper is organized in the following way. Section 2 provides background on elder care in Korea and Section 3 summarizes relevant literature. Section 4 introduces the dataset and variables. Section 5 summarizes child-to-parent financial transfers, estimates poverty among older Koreans, and examines children's contribution to reducing the poverty. Finally, section 6 concludes this paper.

## 2. Background on Korean Elder Care System

The Korean population is rapidly ageing due to growing life expectancy and decreased fertility rates (Table 1). Though population ageing is common in many developed countries, it is occurring much faster in Korea, giving little time for the Korean government to cope.<sup>3</sup>

In accordance with the Confucian tradition in East Asian countries, families, especially the eldest son and his wife, have played the dominant role in Korean elder care. Although adult children are still an important source of old-age security for parents, industrialization and urbanization of the Korean society are rapidly breaking down the tradition of family care.<sup>4</sup>

However, an alternative public system is either not yet in place or at the infant stage. For example, only 19.6 percent of elderly Koreans received benefits from the Korean national pension program in 2007 (Korea National Statistical Office, 2008). Two other major programs for old-age security, the Basic Old-Age Pension and the Long-term Care Insurance, only started in 2008. With these two policies, the Korean government's expenditures for old-age programs recorded a dramatic increase in 2008 (Korea National Statistical Office, 2008) and concerns about crowding-out of the traditional family support by government policies have been raised.

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3 The transition from an ageing society, where over 7 percent of the population are aged 65 or older, to an aged society, where over 14 percent are aged 65 or older, is expected to take roughly 19 years from 2000 to 2018. This transition is notably shorter than the estimates of 115 years in France, 71 years in the U.S., and 24 years in Japan (Korea National Statistical Office, 2006; United Nations, 1996).

4 For example, the proportion of elderly people who lived with their child decreased from 77 percent in 1984 to 54 percent in 1998 (Kim and Rhee, 1999). Child-to-parent monetary transfers accounted for 72 percent of total parental income of an average elderly person in 1980 but only 31 percent of the income in 2003 (Moon et al., 2006).

### 3. Current Knowledge and Next Steps

With growing public concern over population ageing, new surveys targeting elderly Koreans were initiated and recent studies using the datasets started to provide more accurate estimates of the financial status of older Koreans and the role of children as providers of financial support. Using the 2003 wave of the Korea Labor and Income Panel Study, Moon et al. (2006) estimated 38.7 percent of households headed by people aged 60 or older were poor with a poverty gap of 4.5 billion k₩ when private transfers, which are mostly transfers from children, were ignored.<sup>5</sup> Adding private transfers to the household income decreased the proportion to 27.9 percent and the gap to 2.8 billion k₩. Chung et al. (2005) analyzed Koreans aged 65 or above in a 2004 study by the Korea Institute for Health and Social Affairs. The authors found 78.6 percent of the elderly received private transfers and, for those who received a private transfer, the mean annual amount was 2,110 k₩. The Korean Retirement and Income Study, a survey of households with at least one household member aged 50 or above, is unusual in that it surveys intergenerational transfers not only between non-coresident but also between coresident family members. By analyzing its first wave, Kim (2008) found 16.5 percent of respondents received financial transfers from coresident children and 45.8 percent from non-coresident children in 2004. For children that made a transfer, the median transfer was 2,000 k₩ from the former and 1,500 k₩ from the latter. Thus there is a growing literature on the financial well-being of elderly Koreans and children's contributions, but there still exists a paucity of evidence. We contribute to this literature by analyzing a recent national survey.

### 4. Data and Variables

This paper analyzes the first wave of the Korean Longitudinal Study of Ageing (KLOSA), which is representative of Koreans aged 45 or older (Korea Labor Institute, 2007). In this paper, the analysis sample is limited to people aged 65 or older (hereafter elderly people) and the final sample includes 3,981 elderly people.<sup>6</sup> The first wave contains data for 2005 and follow-up waves are planned every other year.

The KLOSA dataset consists of comprehensive ageing-related modules. As for key variables, elder Koreans in 2005 were 73.1 years old and had 3.9 children on average. 39 percent were male, 75 percent did not receive middle school education, 61 percent were married, 38 percent were widowed or dispersed, that is, having a spouse in North Korea, and 17 percent were employed.

### 5. Elder Poverty and the Role of Children

In the KLOSA, respondents reported the amount of their income and assets by detailed source. One reported source of the income is financial transfers from children, which provides the empirical basis for examining financial support by children for their aged parents. One limitation of the dataset is the transfers between parents and children were surveyed only for parent-child

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<sup>5</sup> 1,000 Korean won is worth about \$1. For that reason the financial statistics in this paper are presented in units of 1,000 Korean won, abbreviated k₩.

<sup>6</sup> This study excludes about six percent of elderly people who were married but whose spouse did not participate in the survey.

pairs who did not live together. Thus any transfers between cohabiting children and their parents are missing from our tabulations.

### 5.1. Child-to-Parent Financial Transfers

68.1 percent of elderly Koreans received a positive financial transfer from children and the median amount was 400 k₩. The transfers accounted for 26.3 percent of an average elderly person's total personal income. When we compare upward and downward transfers between elderly Koreans and their children, both the incidence of transfers (68.1% vs. 6.1%) and its average amount (1,390 k₩ vs. 130 k₩) were predominantly upward. The role of child-to-parent financial transfers is particularly notable in the poor elderly population. In terms of mean values, the transfers explained 70.8 percent of poor elderly people's total income while they accounted for only 13.4 percent of the income of the non-poor elderly.

### 5.2. Elderly Poverty

In this paper, poverty is defined utilizing the eligibility criterion for the Basic Old-Age Pension, which provides poor elderly people with supplemental income just as does the Supplemental Security Income program in the U.S. By this criterion, an elderly person is classified as being poor if his or her self-support, annual income except private transfers + 0.05\*net assets, is lower than a predetermined poverty line, equivalent to \$3,840 for married individuals and \$4,800 for others (Korean Ministry of Health and Welfare, 2007). According to this definition, 60.8 percent of elderly Koreans are estimated to be poor.

The poverty gap for an average poor elderly person is calculated by averaging the gaps between the poverty line and reported self-support.<sup>7</sup> The estimated mean gap was 3,052 k₩ (Table 2, panel (a)). The overall poverty gap aggregates the individual poverty gaps of all poor elderly people; the estimated overall gap was 8.3 billion k₩.

Elderly people who live with no child are the population of particular interest since they cannot receive any benefit from cohabitating with a child. The estimated mean poverty gap was 3,549 k₩ for the coresident elderly subgroup and 2,601 k₩ for the non-coresident elderly subgroup (Table 2, panel (b) and (c)). The overall poverty gap divided into 4.6 billion k₩ for the former and 3.8 billion k₩ for the latter.

### 5.3. Role of Child-to-Parent Financial Transfers

The overall poverty gap reduced by transfers from children is estimated by aggregating the transfers for all poor elderly people.<sup>8</sup> According to the estimation, 26.5 percent of elder poverty in Korea was filled by the transfers. By elderly people's cohabitation status with a child, 18.7 percent of the poverty gap was filled by the transfers in the coresident subgroup, and 34.2 percent in the non-coresident subgroup.

Income inequality among the elderly is also reduced on balance by transfers from children. As we

<sup>7</sup> If an elderly person's self-support was negative due to large amount of debts, the poverty line was used for averaging instead of self-support.  
<sup>8</sup> If child-to-parent transfers were greater than individual poverty gap, the gap was used instead for aggregating.

add child-to-parent transfers to elderly people's total income, the Gini coefficient for the income drops from 0.77 to 0.67.

#### *5.4. Role of Child's Cohabitation with Elderly Parents*

While we examined the role of non-coresident children's financial transfers to their elderly parents, children's cohabitation with elderly parents itself can be an important vehicle to provide elder support. According to the KLOSA data, 41.5 percent of elderly Koreans lived with a child in 2005. In particular, the proportion of elderly people who coresided with a child was much higher among poor elderly Koreans (47.6%) than among their non-poor counterparts (32.1%) and, therefore, elder poverty seems mitigated substantially by the cohabitation.

### 6. Conclusions

Using the first wave of the KLOSA data, this study adds evidence on the financial well-being of elderly Koreans and the role of children in improving the well-being. Despite the decline in the Confucian tradition, we find that almost 70 percent of elderly Koreans received financial transfers from children and the transfers accounted for about a quarter of an average elderly person's income. We estimate over 60 percent of elderly Koreans would be poor without private transfers most of which are from children. Elderly poverty is mitigated substantially both by cohabitation with children and by transfers from children. Income inequality among the elderly is also reduced by the transfers.

This study is limited since, due to data limitations, we are not able to measure financial transfers between cohabiting children and their parents. We show, even excluding these transfers, that Korean children still play a crucial role in providing old-age security of their parents. Hence, this study emphasizes the Korean government should be careful about crowding-out of family elder support by public policies for the elderly population.

### Policy Recommendations

Our study shows that Korean children still play a crucial role in providing old-age security of their parents especially in financial aspects. By analyzing a recent national survey, we find that still almost 70 percent of elderly Koreans received financial transfers from children and the transfers accounted for about a quarter of an average elderly person's income. We estimate over 60 percent of elderly Koreans would be poor without private transfers most of which are from children. Elderly poverty is mitigated substantially both by cohabitation with children and by transfers from children. Income inequality among the elderly is also reduced by the transfers.

In recent years, the Korean government has been adopting various policies to meet increasing elder care needs and to improve the welfare of the elderly population. Expansion of the Korean national pension program and introduction of the Basic Old-Age Pension are the key policy changes to ensure financial security among the elderly. With such expensive government programs, concerns



about the crowding-out effects of family elder support have been raised. By showing substantial economic family elder support even at a time when the family care tradition is rapidly eroding, our study demonstrates that the Korean government would be wise to design old-age policies so as to preserve the incentives for private assistance.

#### REFERENCES

- Chung, K. H., Oh, Y. H., Seok, J. E., Do, S. R., Kim, C. W., Lee, Y. K., and Kim, H. K. (2005). Elderly living status and social welfare. Korea Institute for Health and Social Affairs (in Korean).
- Kim, C. S. and Rhee, K. O. (1999). Living arrangements in old Age: Views of elderly and middle aged adults in Korea. *Hallym International Journal of Aging*, 1, p.95-111 (in Korean).
- Kim, H. S. (2008). Income in old ages and role of children. Paper presented at the 1<sup>st</sup> KREIS (Korean Retirement and Income Study) Conference, June 25. National Pension Service.
- Korea Labor Institute. (2007). KLOSA Data File, Electronic Codebook, User Manual.
- Korea National Statistical Office. (2008). Statistics for the elderly population (in Korean).
- Korea National Statistical Office. (2006). Population projection (in Korean).
- Korean Ministry of Health and Welfare. Basic Old-Age Pension. [http://bop.mw.go.kr/front\\_info/sub1-1-1.jsp](http://bop.mw.go.kr/front_info/sub1-1-1.jsp). Accessed on November 16, 2007 (in Korean).
- Moon, H. P., Kim, H. S., Ahn, J. B., Kim, E. S., Lee, S. H., Jeon, Y. J., and Mason, Andrew. (2006). Population ageing and income transfer. National Research Council for Economics, Humanities and Social Sciences. Joint Research Project Report 06-05-03. Korea Development Institute (in Korean).
- United Nations. World Population Prospects: The 2008 Revision. <http://esa.un.org/unpp> Accessed on March 31, 2009.
- United Nations. (1996). The sex and age distribution of world population. New York.

Table 1. Demographic trends in Korea, 1960-2020

	1960	1970	1980	1990	2000	2010	2020
% Population 65 and over	3.7	3.3	3.9	5.0	7.3	11.0	15.4
% Population 80 and over	0.4	0.4	0.5	0.7	1.1	2.0	3.6
Old-age dependency ratio (pop.65+ / pop.15-64 * 100)	6.7	6.1	6.2	7.2	10.2	15.2	21.7
Life expectancy at birth	55.2	60.9	66.8	72.7	77.5	80.0	81.7
Total fertility rate	5.6	4.3	2.2	1.7	1.2	1.3	1.3

Source: United Nations. World Population Prospects: The 2008 Revision.

Table 2. Mean income and assets, and poverty of Koreans aged 65+ by cohabitation status in 2005 (in ₩ ≈ \$)

	(a) Overall (100.0%)			(b) Living with a child (41.5%)		(c) Living with no child (58.5%)	
	All (100.0%)	Poor (60.8%)	Non-poor (39.2%)	Poor (69.7%)	Non-poor (30.3%)	Poor (54.5%)	Non-poor (45.5%)
Individual Poverty Line (a)	3,840 for married individuals, 4,800 for others						
Total Income excluding Private Transfers (b = c - d)	3,862	577	8,961	367	8,677	768	9,095
Total Income (c)	5,280	2,001	10,370	1,481	9,855	2,473	10,614
Private Transfers (d)	1,418	1,424	1,409	1,115	1,178	1,705	1,519
Net Assets (e = f - g)	53,184	12,755	115,950	9,149	136,724	16,032	106,118
Total Assets (f)	59,639	17,299	125,371	14,077	146,825	20,226	115,218
Total Liabilities (g)	6,454	4,543	9,421	4,928	10,101	4,094	9,100
Self-support (h = b + 0.05*e)	6,521	1,215	14,758	824	15,513	1,570	14,401
Mean Poverty Gap (i = mean a - h (if a>h) or a (otherwise))	-	3,052	-	3,549	-	2,601	-

# NATIONAL TRANSFER ACCOUNTS: CONCEPTS AND SOME EXAMPLES FROM LATIN AMERICA AND ASIA<sup>9</sup>

Jorge Bravo<sup>10</sup> and Mauricio Holz<sup>11</sup>

\* This research is part of a collaboration between the United Nations Population Division and ECLAC/CELADE-Population Division. Funding for the National Transfer Accounts (NTA) project is provided by NIA, the MacArthur Foundation, the UNFPA, IDRC, and involves participation of centres in 28 countries in Asia-Pacific, the Americas, Europe and Africa. The project leaders are Ronald Lee, University of California, Berkeley, and Andrew Mason, East-West Centre, Honolulu.

*Familial transfers*, which are of primary interest of this Seminar, are an important type of reallocation of economic resources, which usually constitute the bulk of *private transfers*. Nonetheless, it is useful to consider them in the broader context of *all* inter-age reallocations, as summarized in the following table.

Table 1.1. A Classification of National Transfer Account Age Reallocations			
	Asset-based reallocations		Transfers
	Capital	Property	
Public	Negligible	Public debt Student loan programs Sovereign wealth funds Currency stabilization funds	Public education Public health care Unfunded pension plans
Private	Housing Consumer durables Corporate profits Partnerships and sole proprietorships	Consumer debt Land Sub-soil minerals	Familial support of children and parents Bequests Charitable contributions

Source: Adapted from Lee 1994.

Mason, A. R. Lee, A. Tung, M. Lai, and T. Miller (2009). "Population Aging and Intergenerational Transfers: Introducing Age into National Accounts." Pp. 89-122 in *Developments in the economics of Aging*, edited by D. Wise. Chicago: NBER and University of Chicago Press.

We begin by defining some concepts. *National Transfer Accounts* (NTAs) measure, at the aggregate level, reallocations of economic resources across persons of different ages, including those undertaken by private individuals or households and through the public sector (Mason et al., 2005; NTA project website, <http://ntaccounts.org>).

Adopting this wider perspective of the various forms and mechanisms of economic support is useful for a number of reasons. First, *transfers*, which are reallocations of resources between individuals that do not involve a formal, explicit *qui pro quo*, can be made within the family but also through the public sector, via the collection of taxes and the allocation of government spending.<sup>12</sup> Both private and public transfers are important in most societies, and can complement or substitute each other. For example, the extension of public education expands a public in-kind transfer system that benefits all covered school-age children. Depending on country-specific conditions,

<sup>9</sup> Paper presented at the Seminar on Family Support Networks and Population Ageing, 3-4 October 2009, sponsored by the United Nations Population Fund (UNFPA) and the Doha International Institute for Family Studies and Development, in collaboration with Northwestern University and the United Nations Programme on Ageing  
<sup>10</sup> U.N. Population Division

<sup>11</sup> ECLAC/CELADE

<sup>12</sup> Transfers can be given or received in cash, or in kind (goods and services)

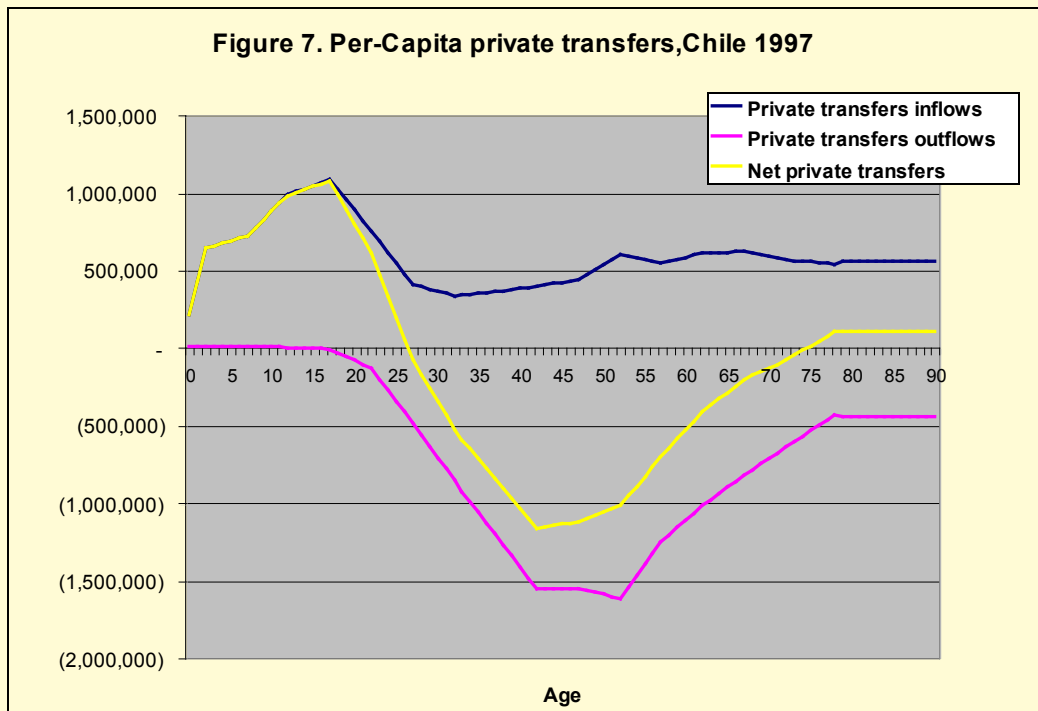
this expansion may boost overall expenditures in education, or might just substitute for the pre-existing familial support: in this latter case, taxpayers now would collectively finance the education of the covered children in the same per capita amounts that they were paying before in the form of a private, out-of-pocket expense for their own children. The privatization of social security produces a contraction of a public cash transfer (the public pension system), and expands private retirement savings. This reform may or may not have an effect on the traditional familial support of adult children to their elderly parents, depending on whether the introduction of retirement savings leads to an increase in overall savings or not.

Another very important class of reallocations is *asset-based reallocations*, which refers to the accumulation and reduction of financial and physical assets over the life-cycle. So, for example, in many developing countries where real estate and financial markets have become more widespread, the current younger generations of adults are accumulating more assets than their parents' generation, and they can use these assets to support themselves in old-age. As this happens, the reliance of the elderly on familial support or on public pensions will probably be reduced over time. However, while this may hold true over the medium to long-term, in times of economic crisis as in the present, the persistence of public pensions serves as an essential cushion and social protection against financial market fluctuations. In this context, family networks can also provide compensatory support, for example through temporary family re-grouping and cohabitation, and in-kind and cash help for relatives in need.

The previous examples illustrate the point that the significance and ultimate effect of various types of family support depends on the ensemble of intergenerational reallocations, which can only be studied if we measure all of the components in a systematic fashion and we observe their evolution and interplay in specific country settings. We examine next to selected empirical examples for Latin America and Asia, beginning with the case of Chile.

#### Family and public transfers in Chile

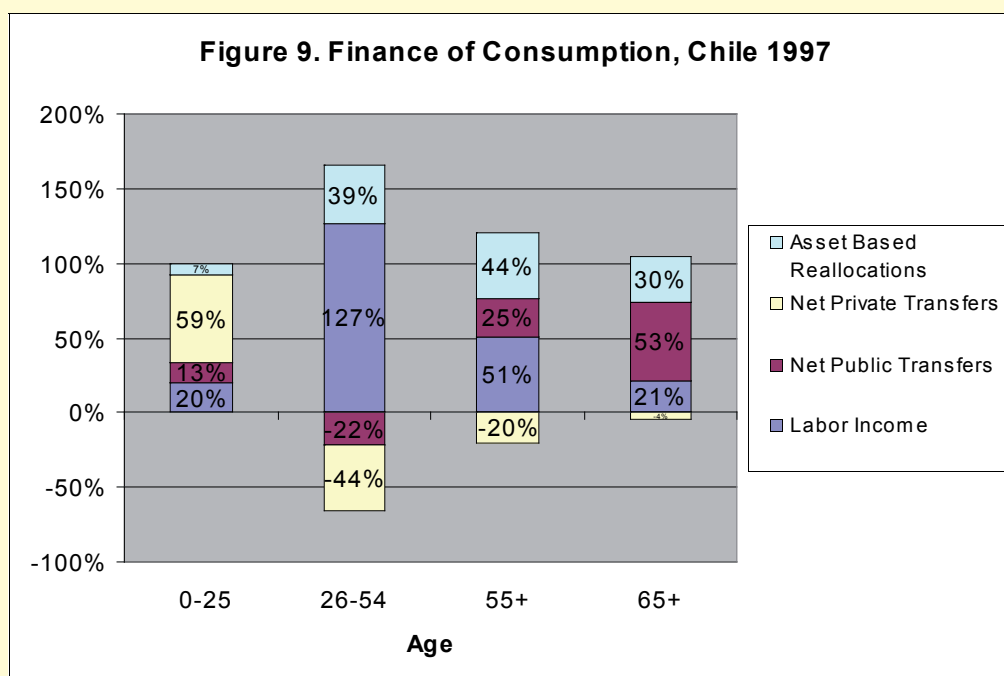
*Private transfers* in Chile are quite substantial. They represent more than 60% of all transfers (private and public combined), and as in many other societies, are mostly familial transfers that support children, teenagers and young adults. As figure 7 shows, the generations under the age of 27 in 1997 are net transfer receivers. All adults, younger and older, give and receive transfers, but only those under the age of 70 are *net* transfer givers. Adults older than 70 years do not provide net private transfers, but neither rely on them as a significant source of economic support. While this general pattern (of self-sufficiency in old age) tends to hold in many contemporary Latin American countries, it is by no means universal or valid for other historical times, as we will see below.



One of the reasons that may explain the level and age distribution of familial transfers in Chile is that, although the country has a fairly extensive coverage of public education and the government transfers to children are quite significant, they cover only a part of their total consumption, thus the need for substantial familial support. On the other hand, public health and social security programs together transfer very substantial resources to the elderly, thus the lesser need for family support for them. In particular, public *cash* transfers --one-third of all public transfers, are mostly pensions that benefit older persons, and represent by far the largest *per-capita* government transfer program. □ When all programs are considered, children and youth, because of their large proportional weight in the population, receive a group as much aggregate public transfers as the elderly.

The next graph (figure 9) provides a summary of the relative importance of *private transfers* for the finance of consumption of different age groups, in comparison with other sources of income, including all intergenerational reallocations.

In-kind public transfers represent two-thirds of all government transfers and are mostly composed of public education, health and other services directed to children and to adults of all ages.



In 1997, only children and young adults were private transfer net receivers, while middle-aged adults were the primary net givers. Adults over the age of 55 and even the group of 65 or older are still net providers of transfers. The data suggests that by 1997, public transfers and asset reallocations have come to substitute the familial support that was the basis for the sustenance of the previous generations of elderly of the first half of the XXth century, when capital markets and pension systems were very incipient. In countries that have even more generous and extensive coverage of social security, such as Uruguay, the elderly rely even less on familial transfers for their support; they are rather net *givers* of private transfers well into their old age (Bucheli and González, 2009).

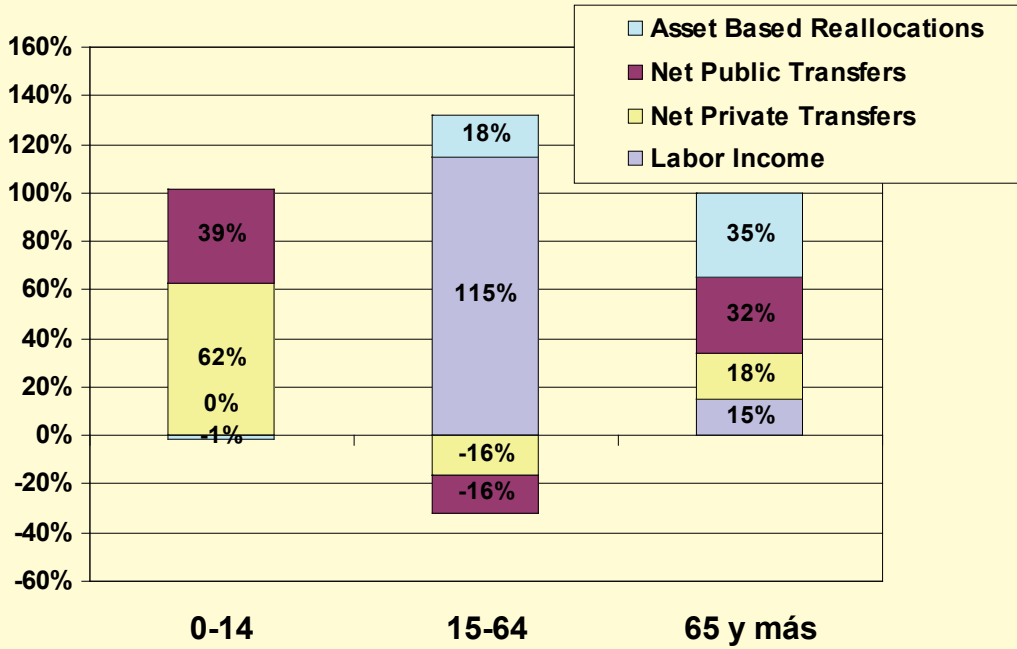
#### Asia-Latin America: Finance of Consumption

The next two figures provide a glimpse into the sources of support for broad age groups in Latin America and Asia, on the basis of preliminary data similar to that just presented for Chile, with available information in the respective regions as of May 2009.

Comparing the two figures, we observe commonalities and important differences:

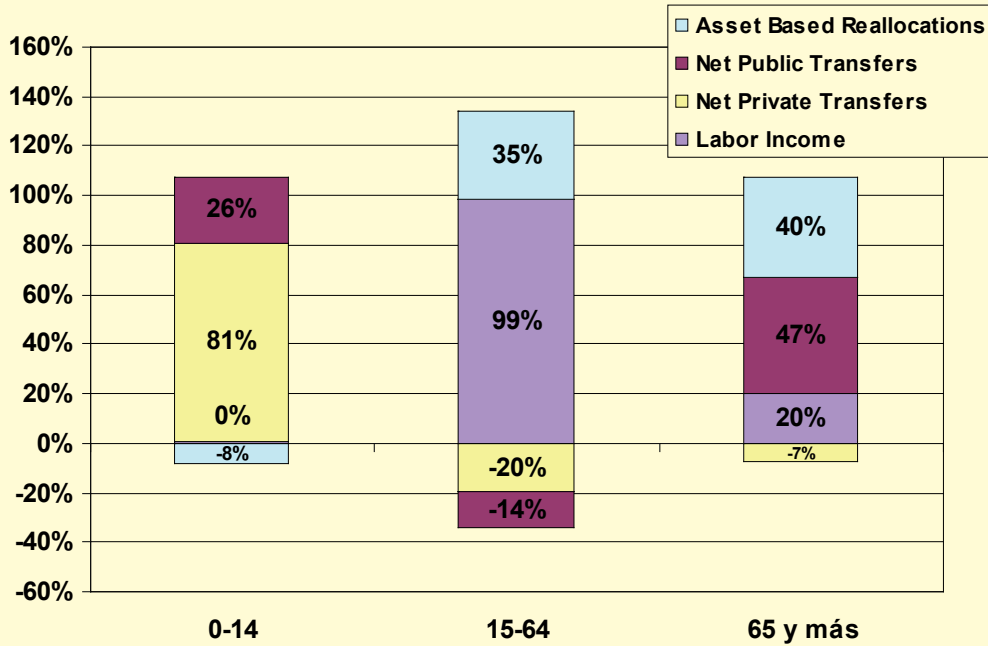
- Although in both regions private transfers finance more than 3/5 of the consumption of *young people*, children depend relatively more on public transfers in Latin America to finance their consumption. This is especially true in some countries, such as Brazil, that have extensive public primary education programs (Turra and Queiroz, 2009).
- *Older people* in Asian societies rely on the four identified sources to finance their consumption, with asset-based reallocations representing a surprisingly large (main) share. As expected, in Asia the elderly rely much more on familial transfers than in Latin America, where the main source of financing of old age consumption is net public transfers. Still, the role of other sources of income, including the substantial proportion of public transfers in Asia, is larger than what we had expected.

### Finance of Consumption, Asian countries



Source: NTA project, [www.ntaccounts.org](http://www.ntaccounts.org). Average of countries with available data, as of May 2009.

### Finance of Consumption, Latin American Countries



Source: NTA project, [www.ntaccounts.org](http://www.ntaccounts.org). Average of countries with available data, as of May 2009.

# LIVING ARRANGEMENTS AND DIFFERENCES IN FAMILY SUPPORT; A COMPARATIVE PERSPECTIVE

Jenny de Jong Gierveld<sup>1</sup>

Summary of the presentation in the Conference Doha, Qatar, June 3-4, 2009

## Introduction

Nowadays, demographers and social scientists discuss the sharp differentiation between regions in Europe contrasting Southern Europe where the family and family ties are 'strong' to Northern Europe, where families and family ties are relatively 'weak'. They based their theoretical ideas on differences in family attitudes and on the varying percentages of older adults either living independently or co-residing with adult children. Policy makers follow these dualistic views explicitly or implicitly, applauding the southern European family arrangements and criticizing the individualistic situation of Northern Europe, where older people are said to be 'neglected' by their children.

However, empirical research not always supported this dualistic view on family life in Europe: recent research outcomes argued in favour of a more nuanced differentiation between family types in European countries (Glaser, Tomassini and Grundy, 2004). In this paper the differentiation between European regions in older adults' living arrangements, family support and quality of life is addressed. In doing so, an important outcome variable of quality of life, loneliness, has been used.

## 1. Background section

A significant proportion of adults aged 50 and over lives in one person households and a trend towards more smaller residential units among older adults is clear. Especially in the Western oriented countries, older adults normatively and de facto favor intimate relationships with adult children, but 'at a distance'; older persons intend to live independently for as long as possible, and prioritize non-instrumental, emotional contacts with their children. In other countries family norms are more traditional, prioritizing daily instrumental supportive relationships between older parents and adult children; main responsibility lies in the hands of the oldest son (and his family) in Japan and in the hands of the youngest son in Georgia. Co-residence is prioritized and a main characteristic of older adults' living arrangements in Southern and Eastern Europe. In some countries of the former Soviet Union such as the Ukraine, where the socio-economic crisis resulted in decreasing income levels for the older adults, recently an increasing level of co-residence of the elderly and their adult children has been shown (Bezrukov & Foigt, 2002).

Living independently in small residential units or living in co-residence with adult children has different outcomes as far as the quality of life is concerned. Living independently might be

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positive in guaranteeing autonomy, independence in decision making and in creating one's own lifestyle. The majority of the oldest olds living alone or as a couple-only succeed in continuing to live independently. The risks of loss of independence are higher for childless than for older adults who can rely on children geographically nearby. Those with higher educational levels and in the higher income brackets prove to benefit and are more successful in continuing independence as compared to those who live near or under the poverty line. However, older adults in small residential units run the risk of decreasing social network sizes, decreasing contacts with kin and non-kin that might result in feelings of loneliness. Co-residence at the other hand can work out positively in intergenerational in-house exchanges of support and care, although many researchers report an imbalance in support giving and receiving, with the older generation taking the larger part of the burden of housekeeping, care for the grandchildren, and sharing the old age pension income (Kohli, 2004). It is generally expected that co-residence might provide more optimal conditions for alleviating loneliness.

Loneliness is a universal phenomenon, but the antecedents vary to a large extent based on personal and contextual determinants (De Jong Gierveld, Van Tilburg, & Dykstra, 2006). Perlman and Peplau (1981, p. 38) define loneliness as “the unpleasant experience that occurs when a person's network of social relations is deficient in some important way, either quantitatively or qualitatively.” Loneliness is a subjective and negative experience, the outcome of the cognitive evaluation of the match between the *quantity* and *quality* of existing relationships and relationship standards. Loneliness has to be sharply differentiated from social isolation that concerns the objective characteristics of a situation and refers to the absence of relationships with other people. Research into loneliness that takes into account intergenerational co-residence as well as living in small residential units is very scarce; this paper intends to close this gap and address different familial and household types in both Western and Eastern European countries. This brings us to a refinement of the research questions: To what extent are older adults in European countries from West and East confronted with loneliness? Does living in small residential units coincide with loneliness? Does co-residence guarantee the absence of loneliness of older adults?

## 2. Data and methods

Data for this study come from the internationally comparative Generations and Gender Surveys, initiated by the Population Activity Unit of the UN ECE in Geneva. Each country survey encompasses more than 10.000 respondents aged 18 to 79 years. I selected the data of two Western European countries: France and Germany, and three countries in transition: Russia, Bulgaria and Georgia. Out of the country samples I selected women and men aged 60 years and over.

*Loneliness*, the dependent variable, is measured using the 6-item version of the De Jong Gierveld Scale (De Jong Gierveld, & Van Tilburg, 2006). The scale has proven to be reliable and valid.

*Living arrangements.* For each of the respondents information is available about all the persons living in the same household: e.g. age, relationship towards the respondent (spouse, parent, child, etc) and sex. On the basis of this information it was possible to construct a typology of living arrangements: (1) older adults in small households (that is living alone or as a couple-only) and (2) older adults in co-residence with adult children.

### 3. Results

In Figure 1 data about the living arrangements per country are shown. Living in small residential units is most frequently seen among older women and men in France and Germany, followed by Russia, Bulgaria and Georgia. Co-residence is high in the Russian Federation, Bulgaria and especially in Georgia.

FIGURE 1 ABOUT HERE

In figure 2 data about the association between living arrangement types and loneliness are shown, separately for older adults in small residential units and for those co-residing with adult children.

FIGURE 2 ABOUT HERE

Figure 2 shows that living arrangement types are related to intensity of loneliness: those living in small residential units are characterized by the highest mean levels of loneliness in each of the countries, indicating that co-residence is a more optimal condition for alleviating loneliness. However, the differences in intensity of loneliness showed to be only modest. Striking differences are shown between the countries. The Western European countries are characterized by mean loneliness levels below '2', and all three Eastern European countries are characterized by mean loneliness scores above '2' (Bulgaria and Georgia scored mean loneliness levels above '3'). Scores of '2' and lower are considered to represent mildly or not lonely people, while scores above '2' indicate mediate to strong loneliness levels.

### 4. Conclusion

Also after taking into account other factors such as gender, age, household income situation, educational level, subjective health, mean levels of loneliness between older adults in small residential units and those in co-residence does not differentiate sharply and country differences in the intensity of loneliness are shown to be still very important.

## REFERENCES

- Bezrukov, V., & Foigt, N. (2002). *Political, social and economic crises and living arrangements of older persons: the case of Ukraine*. New York: UN Population Division.
- De Jong Gierveld, J., & Van Tilburg, T. (2006). A six-item scale for overall, emotional and social loneliness: confirmative tests on new survey data. *Research on Aging, 28*, 582-598.
- De Jong Gierveld, J., Van Tilburg, T., & Dykstra, P. A. (2006). Loneliness and social isolation. In A. Vangelisti & D. Perlman (Eds.), *Cambridge handbook of personal relationships* (pp. 485-500). Cambridge: Cambridge University Press.
- Glaser, K., Tomassini, C., & Grundy, E. (2004). Revisiting convergence and divergence: support for older people in Europe. *European Journal of Ageing, 1*, 64-72.
- Kohli, M. (2004). Intergenerational transfers and inheritance: A comparative view. *Annual Review of Gerontology and Geriatrics, 24*, 266-289.
- Perlman, D., & Peplau, L. A. (1981). Toward a social psychology of loneliness. In R. Gilmour & S. Duck (Eds.), *Personal relationships 3: personal relationships in disorder*. (pp. 31-43). London: Academic Press.

Figure 1.

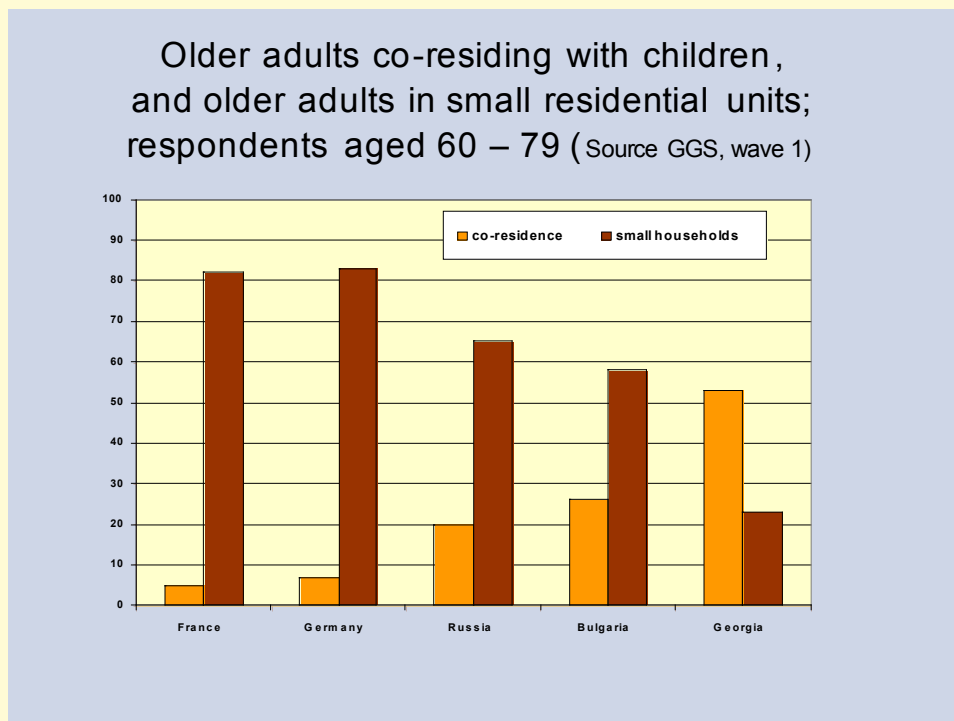
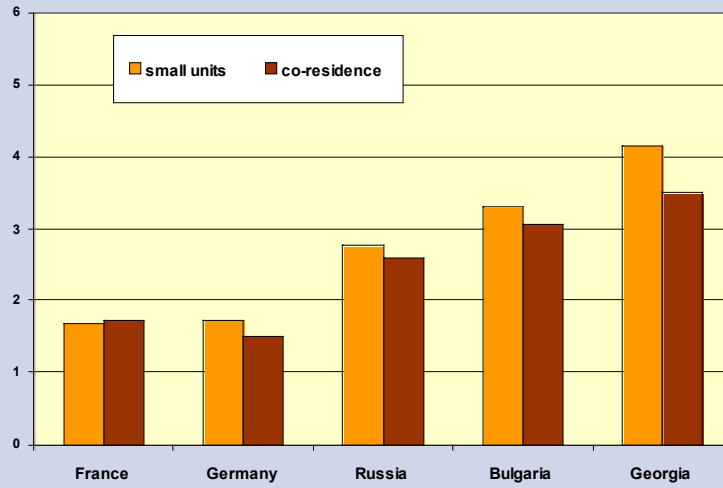


Figure 2.

Mean loneliness scores (Scale de Jong Gierveld) by living arrangements ; respondents aged 60 – 79 in several countries (Source GGS, wave 1)



# PROTECTING OLDER PERSONS AGAINST VIOLENCE, ABUSE AND DISCRIMINATION

Monica Ferreira<sup>□</sup>

Growing recognition of and attention paid to elder abuse have been commensurate with increasing attention given to older persons' human rights, to the extent that violence, abuse and discrimination against them have come to be viewed as human rights issues. Core entitlements of all human beings are set out in the Universal Declaration of Human Rights (1948), and older persons' rights are incorporated in the UN's Vienna Plan (1982), Principles of Older Persons (1991) and Madrid Plan (2002), which latter document has a clear objective and action to protect older persons from "neglect, abuse and violence." Abusive and discriminatory practices are thus viewed as a violation of older persons' fundamental rights, as guaranteed in "hard law" (international covenants) and "soft law" (instruments such as the Principles and the Madrid Plan) (Judge, 2009; Doron & Apter, 2009).

Non-discrimination is likewise a core tenet of the human rights canon, and ageism is an overarching contributor to age discrimination, whereby older persons are excluded in areas of social, economic and political life. The phenomenon has regional variation, and in less developed regions (LDRs), changes in traditional social structures and values may lead to older persons no longer enjoying the same levels of respect, protection and inclusion that earlier cohorts did, and being marginalised in resource allocation and service provision. Poor older women are disproportionately discriminated against, and are consequently at heightened risk of deprivation, victimisation, violence and abuse.

## 1. Recognising elder violence and abuse

No universal definition exists for elder violence and abuse, and definitions vary across regions, shaped largely by professionals in more developed regions (MDRs), and group perceptions, including those of older persons, of what constitutes abuse or a violation of their rights in LDRs. An early "western" definition led to a typology of four categories – physical, emotional and financial abuse, and neglect, but extended typologies (in rudimentary stages) reflect forms of abuse common in LDRs, where the abuse is arguably more violent and insidious than in MDRs (UN, 2002; Ferreira, 2004). Abuse may be perpetrated interpersonally (a single individual abusing an older person) or collectively (e.g. group violence towards an older person, often for material gain, or systemic marginalisation of older persons by institutions, as in LDRs). Detection of abuse is problematic, and self-reporting is low, with concealment motivated by a variety of factors.

The extent of abuse is not well known, and prevalence rates have been established mainly in MDRs, with only limited, largely anecdotal data available in LDRs. Community surveys in the 1990s showed overall abuse rates of 4 to 6 per cent, with more women abused than men, and

neglect the most common form in community and domestic settings, followed by physical abuse and financial exploitation. Domestic abuse was perpetrated most frequently by adult children, followed by the spouse and other family members. Rates established since 2000 suggest a slight decline – with rates of 2.4 per cent for domestic abuse in the UK, and 1.3 per cent for men and 1.6 per cent for women for physical abuse in Germany (Podnieks *et al.*, forthcoming). The incidence of abuse is thus fairly low, but likely to be under estimated through under reporting.

A recurrent theme in reviews of abuse is victims' dependency, loss of autonomy and social isolation. Common thread in survey outcomes are a lack of respect, emotional pain, older women's vulnerability, the consequences of poverty, and insidious effects of ageist attitudes. In more developed regions, risk factors are commonly cognitive impairment, caregiver problems, family conflict and care burden (Podnieks *et al.*, forthcoming), while in LDRs, they are frailty, childlessness, solitary living, social isolation and displacement (Ferreira, 2004). Abuse and neglect in institutional settings are often related to deficiencies in the care system and difficult staff/resident interaction. In LDRs, violence and abuse in domestic and community settings is often a result of social and economic strains on the household and community (Ferreira, 2004).

## 2. Responding to the problem

In all regions, responses to the problem are likely to include public awareness programmes, lobby campaigns and regulatory frameworks, but action across regions is variable, dependent on resources and capacity, and available mechanisms. All responses are likely to be human rights based, with legal and judicial systems, and professional and service agencies mobilised in interventions. At a global level, "hard law" and "soft law" guide responses, and policy changes and action may follow. At a national level, the state is responsible for ensuring older persons' rights are protected, and policies and legislation may ensue. At an intermediary level, NGOs play key roles in promoting and enhancing awareness and education, lobbying for policy action and legislation, and encouraging, guiding and supporting strategies and programmes. At a family level, families have a primary role to ensure elders are cared for adequately, and older persons, within their capacity, have a responsibility to empower themselves to resist abuse.

Some countries have adopted explicit legislation to criminalise violence and abuse, while others have regulations and policies to supplement state laws and establish law enforcement systems. In institutional settings, responses include inquiries and study commissions to address reports of abuse, and mechanisms are available to prevent abuse and manage care issues. In community settings, responses include a variety of NGO and community agency services, and possibly adult day-care facilities and places of refuge. Some countries have little or no explicit legislation, but even where available, the legal system may not be invoked nor the law applied systematically. An "implementation gap" may exist in how human rights mechanisms and application of the law have responded to abused older persons' situations to date, while a "normative gap" may lie in the

narrow interpretation and application of “hard law” to age discrimination (Judge, 2009; Doron & Apter, 2009). A more effective and immediate response to combat age discrimination may lie in awareness and education, from a human rights approach, to change societal attitudes and include older persons in policies. A number of recent international initiatives aimed at ensuring older persons’ rights are protected are accepted as leading to a UN Convention on Human Rights and Ageing.

Family will remain the fundamental social unit to support, care for and protect elders, but its capacity to do so is diminishing, and the mistreatment of elders may escalate in the future. Families need to be supported and educated to take care of their elders, and older persons enabled to take charge of their life, and to know and assert their rights. Family support strategies must devolve from the government, through policies, resource allocation and service provision, for implementation by NGOs and community agencies.

### 3. Conclusions

Violence, abuse and discrimination against older persons remain prevalent, and responses across regions fragmented and uneven. Improved knowledge and understanding – to inform policy development and implementation, and more effective response mechanisms will help to reduce and manage the problem better. Although a new international treaty on human rights and ageing may not prove a panacea, it will provide a powerful tool for including and integrating a “rights discourse” in national and social policies (Doron & Apter, 2009).

### Policy Recommendations

National training and education initiatives are needed to promote positive images of older people and build adequate skills in individuals who care for older persons. More specialised training of professionals is needed in the dynamics of abuse within various settings and intergenerational contexts, and its detection and intervention.

Older persons need to be empowered to enable them to take charge of their life, to know and assert their rights, and to resist abuse.

Families with elders and caregivers to an elder need to be supported and educated to help them to understand their role and the needs of the elder for whom they care. Social support from other family members and community based resources can relieve caregiver stress.

An improved knowledge base on elder violence and abuse, and age discrimination is needed to inform national and local policy, and to develop and implement strategies and programmes for intervention and prevention.

Advances and action in eliminating abuse, violence and discrimination are unlikely to be

achieved without domestic political commitment, and a solid foundation of human rights and legal support.

Creating an anti-ageist (non-discriminatory) environment will help to forge older persons' rights, enable them to remain active and productive in their society, and provide a base to empower them.

Intergovernmental resolutions must continue to provide a platform for global action and a basis for national initiatives.

In less developed countries, addressing challenges such as reducing poverty, establishing gender equality and meeting the basic needs of all will help to enhance older persons' physical and emotional security, increase their sense of well-being, and reduce their vulnerability.

The Madrid Plan provides a framework for addressing the challenges and special problems faced by older persons, including the prevention of violence and abuse, and the elimination of age discrimination.

#### REFERENCES

- Doron, I. & Apter, I. 2009. What difference would a new convention make to the lives of older people? Age Concern International Symposium on the Rights of Older People. London, January.
- Ferreira, M. 2004. Elder abuse in Africa: What policy and legal provisions are there to address the violence? *Journal of Elder Abuse & Neglect*, 16(2): 17-32.
- Judge, L. 2009. The rights of older people: International law, human rights mechanisms and the case for new normative standards. Age Concern International Symposium on the Rights of Older People. London, January.
- Podnieks, E., Penhale, B., Goergen, T., Biggs, S. & Han, D. 2010 (forthcoming). Elder mistreatment: An international narrative. *Journal of Elder Abuse & Neglect*, 22(1/2).
- United Nations. 2002. *Abuse of older persons: Recognising and responding to abuse of older persons in a global context*. Report of the Secretary-General. (E/CN.5/2002/PC/2.) New York.



# FAMILY SUPPORT FOR OLDER PEOPLE IN EUROPE: DETERMINANTS AND CONSEQUENCES

Emily Grundy

## 1. Demographic and health trends influencing needs for support

Declines in fertility in Europe have resulted in substantial shifts towards older age structures, recently accelerated by improvements in mortality at older ages. In most European countries (other than for men in the former Eastern bloc) survival to at least age 65 is now normal and reductions in the overall level of mortality are being achieved through improved survival beyond the age of 65. Both the pace and now the extent of population ageing within Europe is greatest in countries which have experienced age structure changes most recently, raising particular problems in terms of social and policy adjustments.

Controversy surrounds the issue of trends in indicators of the health status of populations, including disability and the extent to which population ageing will lead to higher health care costs. In OECD countries health care expenditure is typically three to five times as high for those aged 65 and over as for those aged under 65 but the growing costs of technological innovations in medicine have had a greater influence than population ageing on past growth in expenditures. Costs of long-term care, however, are strongly related to trends in the prevalence of disability (themselves highly associated with age). Even projections which assume falling rates of disability suggest large increases in the number of older people with ADL due to demographic change. Within Europe there are large variations in the extent to which the state contributes to the provision of the assistance needed by older people with disabilities, but even in the most generous welfare states, family provision of care and support (including provision by elderly family members such as spouses) is pre-eminent so the future availability of family support is an issue of major policy importance.

In many European countries marriage rates were lower, and proportions, especially of women, never-married higher, among cohorts born in the late 19th and early 20th century compared with those born in the 1930s and 1940s. Related to this, levels of fertility were also higher, and levels of childlessness lower, among women born in the 1930s and 1940s than in earlier (or later) cohorts. Moreover, falling mortality and a recent narrowing of gender differences in mortality seen in several European countries (with the notable exception of Eastern Europe), have served to postpone widowhood. As a result, the demographic availability of a spouse and at least one child is increasing in many countries and will do so until cohorts born from the 1950s onwards reach old age. Projections of marital and parenthood status among the population aged 75 and over undertaken as part of the Future Elderly Living Conditions in Europe (FELICIE) project, which included nine European countries showed (Figure 1) that the size of the married population will grow faster than that of the unmarried and the numbers with a child faster than the numbers of childless. The gender composition of the older childless population will also change; currently the proportion of childless people in the population aged 75 and over is higher among women than men, but this will reverse by 2015. These trends mean that in the next twenty to thirty years the potential family support available to older Europeans will tend to increase. Longer term prospects are much less favourable as cohorts born since the mid 1950s have experienced high rates of divorce, as well as a return to higher levels of childlessness and lower nuptiality. Demographic availability does not, however, necessarily correspond with actual provision of support.

Concerns about possible changes in the willingness, or ability, of younger generations to provide support for older relatives have arisen partly because of changes in family and fertility related behaviours and also because of large changes in the living arrangements of older people. There remain big differences between European countries in the living arrangements of older people. This is illustrated in Figure 2 which shows the proportions of people aged 60 and over and aged 80 and over by living arrangement and European region. Among men aged 60 and over in Northern and Western regions well over 80% lived alone or just with a spouse compared with 60% in Eastern and Southern regions. Seventy six per cent of women aged 80 and over in the Northern region lived alone compared with 20% in the South.

Living alone does not in itself indicate an absence of family support. Extensive survey evidence points to high levels of contact and mutual support between older people and their families, even if living separately. Frequent contact is more common in Southern than Northern European countries. Older people and their relatives are also involved in frequent exchanges of help, often reciprocal.

Marital status, living arrangements and availability of children are associated with indicators of well-being and also with use of formal care services. Risks of entering an institution, for example, are much higher among the never- than the ever married and among the childless. One Swedish study showed that among older people who needed help with one or more Activities of Daily Living, 80% of those who lived with someone else and had at least one child received help only from family members (and not from social services) compared with 42% of those who lived alone and had at least one child, and 24% of those who lived alone and were childless. Sweden provides comparatively generous amounts of state support for older people with disabilities and the family role in providing support is much higher in many other European countries with fewer state supports. A dilemma for policy makers is whether prioritising help for older people who live alone and lack family disadvantages family carers to such an extent that they become unable or unwilling to continue. A related question is whether providing more support services 'crowds out' or 'crowds in' family care. On recent of a number of European countries concluded that easier access to welfare services had not 'crowded out' family care but may have enabled elderly people to maintain more independent relationships with their families.

The large increase in the number of very old people in many European populations will almost inevitably lead to greater requirements for assistance of various kinds, even if age specific rates of disability fall. Currently families provide much of this care and despite large falls in co-residence, levels of intergenerational exchange and support are high. Reciprocity is a key feature of such relationships and support flows are often from older to younger people. There are a number of uncertainties about the future. Firstly, characteristics which are associated with reduced levels of contact and support, such as parental divorce and higher levels of education are increasing in many populations. Secondly, in the longer term future the proportion of childless elderly people will increase again. However, more positively, improvements in the health of older people as a whole may effectively expand the pool of potential helpers and further reductions in mortality will further delay widowhood. Moreover there is considerable scope for improving health and reducing disability through better organisation of preventive and rehabilitative services.

#### KEY REFERENCES

Attias-Donfut C, Ogg J, Wolff F. (2005). European patterns of intergenerational and financial and time transfers. *European Journal of Ageing* 2: 161-73.

Daatland SO, Lowenstein A. (2005). Intergenerational solidarity and the family-welfare state balance. *European Journal of Ageing* 2: 174-182.

Grundy E. Population ageing in Europe, in Coleman D, ed *Europe's population in the 1990s*. Oxford University Press, Oxford, 1996, pp267-296.

Grundy, E. (2006). Ageing and vulnerable elderly people: European perspectives. *Ageing & Society* 26: 1-30.

Grundy E, (2008). The challenges of ageing: Prospects for the family support of older people in 21st century Europe. In: *Demographic Challenges for the 21st Century: A state of the art in demography*, Surkyn J; Deboosere P; Van Bavel J (eds), Liber Amicorum Ron Lesthaeghe, VUBPRESS Brussels University Press, Brussels, 2008, pp224-246.

Kunemund H and Rein M (1999). There is more to giving than receiving: theoretical arguments and empirical explorations of crowding in and crowding out. *Ageing & Society* 19: 93-121.

Murphy M, Martikainen P, Pennec S. (2006). Demographic change and the supply of potential family supporters in Britain, Finland and France in the period 1911-2050. *European Journal of Population* 22:219-40..

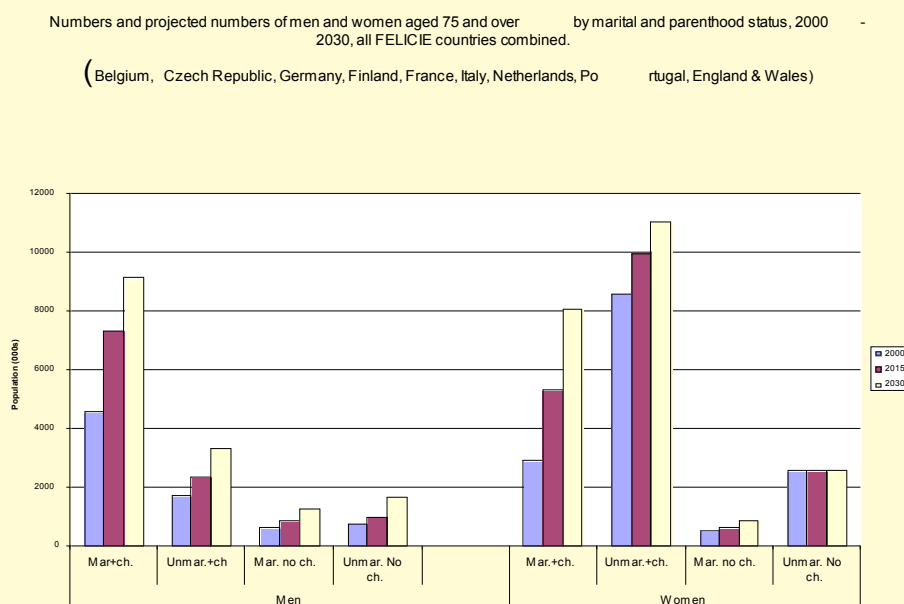
O'Neill, D, Hastie, I, Williams B. (2004). Developing specialist healthcare for older people: a challenge for the European Union. *Journal of Nutrition, Health and Aging* 8:109-12.

Sundström G. Care by families: an overview of trends. In Organisation for Economic Co-operation and Development, *Caring for frail elderly people*, OECD, Paris, 1994.

Tomassini C, Glaser K, Wolf, D. Broese van Grenou M, Grundy E. (2004) Living arrangements among older people: an overview of trends in Europe and the USA. *Population Trends* 115: 24-34.

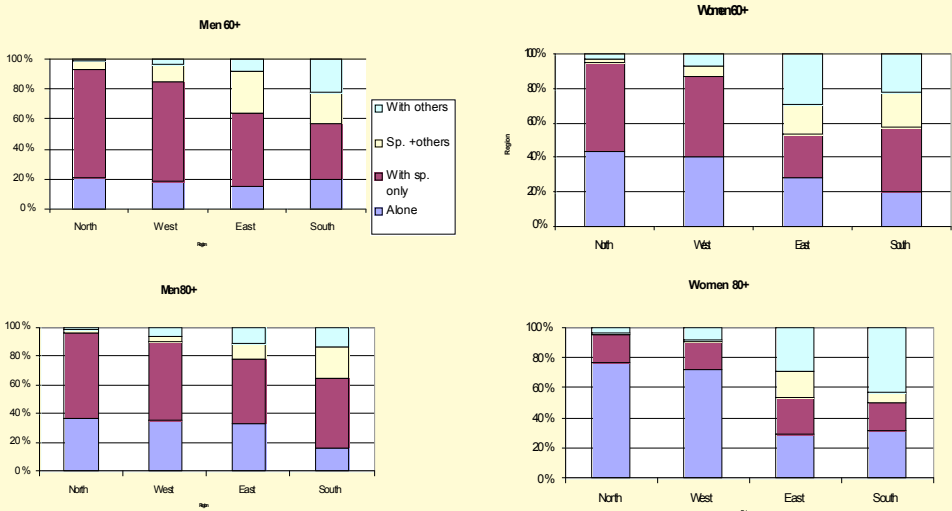
Tomassini C, Grundy E, Kalogirou S. (2008) Potential family support for older people 2000-2030. in: Gaymu J, Festy P, Poulain M, Beets G (eds). *Future elderly living conditions in Europe*. INED, Paris.

Figure 1.



Source: Analysis of FELICIE data on Belgium, Britain, Czech Republic, Finland, France, Germany, Italy, Netherlands and Portugal in Tomassini, Grundy and Kalogirou 2008.

Figure 2. Living arrangements of older Europeans by region, 2002/4.



Source : Analysis of ESS 2002/4. **North**: DK, Fin, Norw, Swe; **West**: Aust, Belg, Ger, Neths, UK; **East**: CzR, Est, Hung, Pol, SlovK, Sloven, Ukr; **South**: Gre, Port, Esp.

## GOVERNMENT POLICIES SUPPORTING FAMILY NETWORKS: BEST PRACTICES FROM THE POLICY AREA OF AGEING

Alexandre Sidorenko<sup>1</sup>

This presentation is focused on national policy and programmes on ageing that have the family in the centre of policy interventions. The main content of the presentation is a brief account of concrete national policies and programmes instituted in support of family networks. Most of the presented examples originated in the policy area of ageing and were obtained during the first global review and appraisal of the Madrid International Plan of Action on Ageing in 2007-2008.

Family remains the major “sight” of individual development and inter-generational interactions in practically all the societies. As such, it could also be considered the principal sight of social policy action, including policy action on ageing.

Old age is associated with the increased probability of disease and disability. Demographic transition to an ageing society increases the absolute and relative numbers of older persons in society, hence the rising demand for care. Declining mortality and fertility – two major factors of demographic transition – are also behind the family transition from the extended family to the nuclear family. Migration from rural to urban areas has also been a contributing factor to shrinking the size of the family.

Family transition is leading to changes in living arrangements for older persons. While living arrangements for older persons vary greatly both among and within countries, in most countries there is a slow but increasing tendency towards solitary living. This pattern is more visible in developed countries: in the last decade of the previous century the proportion of older persons living alone was highest in Europe and North America, reaching about 16 percent for older males and 37 percent for older females. The lowest proportion of older persons living alone was noted in Asia: ranging between 3.2 percent for older males and 8.6 percent for older females.<sup>2</sup>

With the increasing prevalence of the nuclear family and the growing number of older persons living alone, older persons are less likely to obtain support from their kin in times of increasing need or a temporary crisis. Another compounding factor is the growing labour force participation of women – traditionally the major providers of informal care.

The widening gap in informal support and care has to be filled with formal social services – where these are available. In developing countries, their availability is problematic as many of these countries have traditionally relied on a social support system that provides support for older persons within the extended family. Compounding the problem is the “brain drain” of skilled health and social care professionals from developing to developed countries. The shortage of care

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1 UN Programme on Ageing

2 Ibid

personal and the diminishing resources of community care lead to numerous cases of neglect or inappropriate care of older persons.

Provision of appropriate support and care to older persons has recently been in the centre of public debate. Meanwhile, older persons should not be seen only as dependent and passive care receivers of various types of support and care. They play an important role within their families and communities providing vital support, including financial support, and care to younger generations as well as other dependants, including other older persons. Older people continue to participate actively in family dynamics and in negotiating generational responsibility and support. Understanding these dynamics as well as the needs and resources of individuals, families and communities, is crucial for ageing policies that take an intergenerational dimension into account.<sup>3</sup>

The centrality of the family in addressing the needs and expectations of older persons was firmly established at the international policy level during the first World Assembly on Ageing in 1982, and nine years later, in 1991, in the United Nations Principles for Older Persons, which reaffirmed the recommendations of the Vienna Plan of Action through eighteen principles of the *independence, participation, care, self-fulfillment and dignity* of older persons.

In 2002, the Second World Assembly adopted the Madrid International Plan of Action on Ageing – a universal framework for policy action on ageing in the twenty-first century. One of the central themes of the Madrid Plan of Action underlines the need to recognize *the crucial importance of families, intergenerational interdependence, solidarity and reciprocity for social development*. The Madrid Plan of Action also contains numerous recommendations with reference to the family.

During the first five years (2002 – 2007) of the implementation of the Madrid Plan of Action, the focus of policy responses to the challenges and opportunities of ageing have been different in different parts of the world. The analysis of the findings of the first review and appraisal reveals that most of the family-centered policy interventions on ageing are focused on the following areas: income security (social protection); social care, particularly long-term care, social services; and health care. Very limited number of policies and programmes had “developmental” orientation aiming to identify and utilize the potential of older persons to contribute to societal development in various areas (e.g., economic, social, cultural, etc.) and at different levels (e.g., family, community, state, etc.).

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<sup>3</sup> Report of the Secretary-General First review and appraisal of the Madrid International Plan of Action on Ageing: preliminary assessment (E/CN.5/2008/7)

# INTERGENERATIONAL TRANSFERS AND POPULATION AGEING IN AFRICAN COUNTRIES

Barthélemy KUATE DEFO<sup>1</sup>

## 1. Introduction

Intergenerational contract is essentially an inherent way of living in Africa where intergenerational transfers and family relationships are of paramount importance for the health and well-being of individuals. Parents and adult children play a pivotal role in supportive exchanges at older ages. There are three dominant theoretical explanations on why individuals give: social exchange theory, equity theory and exchange based on need. Social exchange theory is based upon economic principles of costs and rewards and the concept of reinforcement from behavioural psychology (Homas, 1958; Thibaut and Kelly, 1959). Equity theory suggests that relationships will be seen as most satisfying when they are perceived as “balanced”, in that, an individual feels that contributions to and receptions from a particular relationship are about equal (Walster et al., 1978). A third perspective suggests that intergenerational transfers are largely motivated by need (Deutsch, 1975), parents monitoring the well-being of their children and vice-versa and offering assistance when they perceive that there is a need. Studies to date have failed to provide consistent support for any of these theories.

This study critically reviews existing qualitative and quantitative studies regarding intergenerational transfers in relation to population ageing in Africa, focusing on sub-Saharan Africa. Published literature and unpublished manuscripts were abstracted through PubMed, Google Scholar, Popline, and ScienceDirect databases and several other search engines in social, behavioural and biomedical sciences, using the following keywords and search terms were used: intergenerational transfer, patterns of exchange in kinship systems, intergenerational family exchanges, family support networks, intergenerational help, relations between adult children and elderly parents, pension, social security, population ageing, sub-Saharan Africa, Africa. Notwithstanding efforts at implementing formal intergenerational programmes which mainly depend on the creativity and initiatives of individuals, informal and family-based intergenerational practices remain preponderant in much of Africa where formal social security systems continue to be the perquisite of the middle class and civil servants. This has many implications for the health and well-being of elderly in Africa.

## 2. Dynamics of Population Ageing in Africa

We use the United Nations estimates (UN, 2007) to portray the magnitude and speed of population ageing in Africa spanning a century (from 1950 to 2050). The older population (60 years or over) has grown faster than the total population in all regions of Africa, and the proportion of older persons relative to the rest of the population has increased considerably (from 5.3 per cent

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in 1950 to a projected 10.0 percent by 2050). In 2025, the median age of the African population (21.8 years) will still be below the median age of the world population in 1950 (23.9 years). By 2050, the median age in Europe is projected to rise to 47, a level 20 years higher than that projected for Africa (27.4 years). At the country level for instance, the median age for Cameroon was 20.3 years in 1950 and is projected at 29.5 years in 2050; for South Africa, it was 20.9 years in 1950 and is projected at 30.2 years in 2050. In most African regions and countries, persons under 25 years of age are expected to remain the majority of the population. Although the proportion of oldest groups (80 years or over) remains relatively small in Africa, this proportion is increasing steadily and more so for women than men. This will imply growing demand for long-term care, usually supported by family members. The implications of this gender imbalance for public and private support and planning can be significant because older women typically have less education, less work experience and less access to public assistance and other private income sources than older men. Older women are also more likely to be living alone, isolated and often at the margin of the society especially childless women and therefore, less likely to be helped or assisted by close relatives. Thus, a major concern is the provision of adequate and needy care and support to older women.

A decrease of the potential support ratio (i.e., the number of persons aged 15 to 64 per each older person aged 65 years or over) and a rise in the old-age dependency ratio (i.e., the number of persons aged 65 years or over per one hundred persons 15 to 64 years) as consistently found in all regions of Africa, indicates that an increasing number of elderly in need of support to preserve their well-being and health have to be supported by a relatively smaller number of contributors or persons of working age. The reduction of potential support ratios has important implications for social security schemes, particularly for pay-as-you-go pension systems under which taxes on current workers pay the pension of retirees. In most African countries, such support to older persons is rarely provided through public resource transfers, and family support remains their main source of support (Willmore, 2006). The family support is particularly important for very older persons and older persons living in remote and rural areas because their physical, economic and health needs are generally greater albeit neglected. Sub-Saharan Africa is the only region in the world where food insecurity has worsened instead of improved in recent decades, with major health policy and programme implications for ageing populations in general and those living in remote areas or those who are excluded from any benefits of development programs because of their poverty status. The continuing increase of the parent support ratio (i.e., the number of persons aged 85 years or over per one hundred persons aged 50 to 64 years) for Africa as a whole as well as for its regions and at the national level, implies that increasingly persons aged 50 to 64 will find themselves responsible for the care of one or more family members aged 85 years or more. With such increases in the proportion of older persons, the shifting weights of the various age groups tend to create social and political pressures that may result in changing patterns of resource allocation among generations, competition for scarce resources among family members that sometimes give



rise to intergenerational conflicts (Alber et al. 2008).

When fertility declines to low levels, sustained mortality reductions at older ages become the driving force behind population ageing, increases in the proportion of the older population being primarily caused by increasing survival to advanced ages. Since 1950, life expectancy at birth increased by 11.5 years in Africa, 26.4 years in Northern Africa, 10.2 years in Eastern Africa, 8.3 years in Middle Africa and 11 years in Western Africa; in contrast, it decreased by 1.7 years in Southern Africa mainly due to the HIV/AIDS epidemic. Life expectancy at birth is projected to increase in Africa by 15.5 years (by 31 per cent), from 49.9 years in 2005-2010 to reach 65.4 years in 2045-2050. Because mortality levels at young ages remain high in Africa, proportional improvements in life expectancy during the next four decades (2005-2010 to 2045-2050) are expected to be higher at birth than at older ages. This means that Africa will continue to face the complex challenges of an ageing population conjugated with structurally young age-sex composition which features distinct needs and requires implementable policies and programs apt to successfully accommodate life-cycle needs under changing conditions and opportunity structures at the local, national and international levels.

### 3. Intergenerational Transfers and the Elderly in Africa

The importance of intergenerational transfers for the well-being of the ageing population in Africa has been the concern of a growing body of research in recent years (Adamchak et al., 1991; Stecklov, 1997; Weinreb, 2002; Jensen, 2003; Oppong, 2006; Aboderin, 2006; Kazianga, 2006; Ferrara, 2007; Schatz and Ogunmefun, 2007; Onyebueke, 2008). Solidarity and mutual help are strong social protection values in traditional African societies and, have resisted to urbanization and changes in the nature of the family. Evidence of the resilience of these informal mechanisms of social protection comes from some of the household income and expenditure surveys carried out in several African countries since the 1980s. Urbanization may be eroding extended family obligations, but migration has resulted in rising remittances as well as other forms of transfers broadly defined to include the provision of different kinds of resources (material, emotional, practical support, staying in touch and sharing knowledge and skills) from family members living and working abroad (Akyeampong, 2000; Morrison, 2006). Even when blood relations are separated geographically, family ties generally remain intact emotionally and financially (Morrison, 2006; Aboderin, 2006; Alber et al., 2008).

In the vast majority of African countries, the 'modern' state-run systems consist almost entirely of contributory social security regimes for formal sector workers (and to some extent their families). These usually provide retirement pensions, maternity benefits, sick pay, disability allowances and in a few cases health insurance to their members. In some countries, the benefits are very low, irregularly paid or difficult to access. Moreover, since the vast majority of the population depends for livelihoods on farming or the urban informal sector, these systems usually exclude

this population, including almost all of the poorest and most vulnerable households. For example, in Cameroon, the civil service scheme covers approximately 10% of the population and benefits do not include health insurance (MSA, 2008). Social transfer schemes are also in their infancy in most African countries. These are limited to small pilot programmes, of which one of the most significant is the *Ghana's Livelihood Empowerment against Poverty (LEAP) Programme* (Sultan & Schrofer, 2008). There are continuing concerns however that this scheme will not reach the poor, due to the requirement to pay a premium of approximately USD8 a year. Overall, formal social protection systems remains extremely weak in Africa, leaving the vast majority of the population and most notably the poor populations, dependent on informal traditional solidarity mechanisms and on humanitarian relief in times of natural or man-made crises.

An overview of Social Security reform issues in Africa, based on the examination of a number of case studies for both Francophone and Anglophone Africa, revealed a number of findings drawn by the analysis of case studies (Barbone and Sanchez, 1999). With very few exceptions (Mauritius, Botswana, and to a certain extent South Africa), formal social security institutions have not been successful in providing broad-based coverage of the population. Moreover, it is unlikely that pensions and disability coverage will be extended to the informal sector, which represents the vast majority of the employed population in Africa within the next generation, as a more recent review in 15 African countries has shown (Kakwani and Subbarao, 2005). Many African countries are beginning to recognize the role of social protection in promoting food security among vulnerable groups. Vincent and Cull (2009) reviews the impacts of social cash transfers on social protection as a means of reducing poverty and vulnerability in southern Africa (Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe). They found that in addition to promoting food security and nutritional status which are important for maintaining good health by reducing the risks of nutrition-related infections, social cash transfers promote self-esteem, social status, empowerment and equity; they also provide the necessary capital to allow beneficiaries to participate in other social services, including healthcare and education. In most African societies for instance and rural areas in particular, the elderly typically rely on their children to provide for them. At the household level, there is ample evidence showing that cash transfers improve food security and nutrition. In Lesotho for instance, the number of old age pensioners reporting that they never went hungry increased from 19% before the pension to 48% after it was introduced (Vincent and Cull, 2009).

The elderly mental health is becoming a cause of concern in Africa, with the ageing of its population. A growing number of older people in Africa presage an increase in those affected by organic, age-related mental diseases such as dementia (Ineichen, 2000). The long-term importance of patterns of intergenerational exchange for elderly mental health and well-being remain understudied in Africa. A simultaneous rise in the burden of non-organic mental disorders in elderly populations is likely because stressors in many countries are affecting the mental health of the elderly directly and/or indirectly by altering the ability of families to provide care for them through

intergenerational support (Adamchak et al., 1991; Maruapula and Chapman-Novakofski, 2007). Health services are not provided equitably to people with mental disorders, and the quality of care for both mental and physical health conditions for these people could be improved.

### Policy Recommendations

The stunning growth of the elderly population in Africa demands special attention of policy and decision-makers. Most of the elderly populations, predominantly women, are bearing mainly the burden of the population ageing.

The elderly persons have increased risk for adverse health outcomes, a need for health services, unique social circumstances, elevated risks for common diseases as age progresses and other diseases linked specifically to old age. In addition to acute medical care, elderly persons need services for personal care and independent living.

Shrinking social networks, loss of income, changes in living arrangements and lifelong problems such as poverty have an impact on the well-being of elderly adults. Hence, social policy development and redistributive policies for the elderly in Africa need to take into account the role of intergenerational family transfers, the familial roles and social transformations in a changing society. Fiscal cost of providing a universal non-contributory social pension to all of the elderly is prohibitive and unaffordable in Africa, and there is a need for a targeted social pension to groups most in need.

Given the disease burden of mental health problems of the aged in Africa, there is an urgent need for research, policies and programs aimed at improving the conditions of elderly mentally ill. Health care systems should be strengthened to improve delivery of mental health care, by focusing on existing programmes and activities, such as those which address the prevention and treatment of HIV, tuberculosis, and malaria, and management of chronic disease.

### REFERENCES

- Aboderin I. 2006. *Intergenerational Support and Old Age in Africa*. New Brunswick: Transaction.
- Adamchak D et al. 1991. Elderly support and intergenerational transfer in Zimbabwe: an analysis by gender, marital status, and place of residence. *The Gerontologist* 31(4): 505-513.
- Alber E, van der Geest S, Whyte S.R. and Geest W. 2008. *Generations in Africa: Connections and Conflicts*. Berlin: Verlag, 432 pages.
- Barbone L and Sanchez L.A. 1999. Pensions and Social Security in Sub-Saharan Africa. Issues and Options. Paper Presented At the XIII International Social Security Association African Regional Conference, Accra, Ghana 6-9 July 1999.
- Deutsch M. 1975. Equity, equality and need: what determines which value will be used as the basis of distributive justice? *Journal of Social Issues* 31: 137-149.
- Schatz E. and Ogunmefun C. 2007. Caring and Contributing: The Role of Older Women in

- Rural South African Multi-generational Households in the HIV/AIDS Era. *World Development* 35(8):1390-1403.
- Ferrara E. 2007. Descent rules and strategic transfers. Evidence from matrilineal groups in Ghana. *Journal of Development Economics* 83: 280-301.
- Homans G. 1958. Social behaviour as exchange. *American Journal of Sociology* 42: 597-606.
- Ineichen B. 2000. The epidemiology of dementia in Africa: a review. *Social Science and Medicine* 50: 1673-77.
- Jensen R. 2003. Do private transfers ‘displace’ the benefits of public transfers? Evidence from South Africa. *Journal of Public Economics* 88: 89-112.
- Kakwani N. and K. Subbarao. 2005. *Ageing and Poverty in Africa and the Role of Social Pensions*. International Poverty Centre Working Paper No. 8. New York: UNDP.
- Kazianga H. 2006. Motives for household private transfers in Burkina Faso. *Journal of Development Economics* 79: 73-117.
- Maruapula S and Chapman-Novakofski K. 2007. Health and nutrition patterns of the elderly in Botswana. *J Nutr Educ Behav* 39: 311-3119.
- Ministry of Social Affairs (MSA). 2008. *Résumé du rapport national sur la protection sociale au Cameroun*. Report of the Ministry of Social Affairs, Republic of Cameroon, to the Regional Experts Meeting on Social Protection in West and Central Africa, Dakar, 9-11 June 2008.
- Morrison C. 2006. *Structures familiales, transferts et épargne: Examen*. Centre de Développement de l’OCDE. Document de Travail No. 255.
- Onyebueke Udemezue Victor. 2008. Ageing and urban–rural drift in Nigeria: Coping or dispensing with city accommodation in retirement. *Ageing Research Reviews* 7(4): 275-280.
- Oppong C. Familial roles and social transformations: older men and women in sub-Saharan Africa. *Research on Aging* 28: 654-668.
- Silverstein M. 2006. Intergenerational family transfers in social context. *Handbook of Aging and the Social Sciences (Sixth Edition)*, Pages 165-180.
- Stecklov G. 1997. Intergenerational resources flows in Côte d’Ivoire: Empirical analysis of aggregate flows. *Population and Development Review* 23(3): 525-553.
- Sultan S and T Schrofer. 2008. *Building Support to Have Targeted Social Protection Interventions for the Poorest – the Case of Ghana*. Paper for the Conference on Social Protection for the Poorest in Africa: Learning from Experience, Entebbe, Uganda, 8-10 September 2008.
- Thibaut J. & Kelley H. 1959. *The Social Psychology of Groups*. New York: Wiley.
- United Nations. 2007. *Research Agenda on Ageing for the 21<sup>st</sup> Century*. New York: United Nations.
- Vincent K & T Cull. 2009. Impacts of social cash transfers: Case study from across southern Africa. II Conferencia do IESE “Dinamicas da pobreza e Padrões de Acumulação em Moçambique. Maputo, 22 e 23 de Abril de 2009.
- Walster E, Walster G & Berscheid E. 1978. *Equity: Theory and Research*. Boston: Allyn and Bacon.
- Willmore L. 2007. Universal Pensions for Developing Countries. *World Development* 35(1): 24-51.
- Weinreb A. 2002. Lateral and vertical intergenerational exchanges in rural Malawi. *Journal of*

*Cross-Cultural Gerontology* 17: 101-138.

# THE ROLE OF SUPPORT FROM CHILDREN AND OWN LABOUR SUPPLY IN SUPPORTING THE ELDERLY IN INDONESIA AND VIETNAM: A COMPARISON OF TWO STUDIES<sup>1</sup>

Deborah Cobb-Clark<sup>2</sup>

This paper compares the results from two recent studies by Cameron and Cobb-Clark (2008) and Nguyen (2009) which examine the relationship between intergenerational transfers and the labor supply of the elderly in Vietnam and Indonesia. These two countries provide interesting case studies for studying for a number of reasons. First, population ageing is a pressing issue in both countries. Second, these two studies are particularly interesting in that they formally model the labor supply of the elderly taking account of the simultaneity (endogeneity) of co-residence with and financial transfers from children.

## 1. Economic Activity and Family Support Among Vietnamese and Indonesian Elderly

The paper begins by comparing the economic activity of elderly Indonesians and Vietnamese and the support they receive from their children in the form of co-residence or financial transfers (see Table 1). The descriptive statistics for Indonesia come from Cameron and Cobb-Clark (2008), while the statistics for Vietnam come from Nguyen (2009).

These results indicate that continued employment into old age is common in both Vietnam and Indonesia, particularly for men. Approximately 60 percent of Vietnamese men over the age of 60 are labor market participants. Economic activity is similar among Vietnamese women over the age of 55 with 59 percent participating in the labor market. Across the population as a whole, elderly parents in Vietnam are working an average of 22 hours per week. Employed Vietnamese men work on average 37 hours each week, while employed Vietnamese women work 36 hours on average.

Gender gaps in economic activity are larger among elderly Indonesian parents. While between 72 and 83 percent of elderly Indonesian fathers participate in the labor market (depending on their co-residence status), mothers' participation rates range from 39 to 56 percent. Across the population as a whole, elderly Indonesian mothers work between 13 and 18 hours per week depending on whether or not they co-reside with their children, while fathers are working an average of 30 – 34 hours. Average hours of work are of course higher amongst the employed. Those elderly women who work do so an average of between 32 and 35 hours per week, while employed elderly Indonesian men are working on average over 40 hours per week.

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Table 1: The Economic Activity and Family Support for Elderly Indonesians and Vietnamese

	<b>Indonesia – 1993 (Men 60+/Women 60+)</b>	<b>Vietnam – 1997-98 (Men 60+/Women 55+)</b>
Labor Force Participation Rate	Women: 55.6% (non-co-reside) 39.0% (co-reside) Men: 83.4% (non-co-reside) 72.0% (co-reside)	Women: 59% Men: 60%
Average Weekly Hours	Women: 17.6 (non-co-reside) 13.4 (co-reside) Men: 34.0 (non-co-reside) 30.3 (co-reside)	Women: 22 Men: 22
Average Hours if Participating	Women: 31.6 (non-co-reside) 34.4 (co-reside) Men: 40.1 (non-co-reside) 42.1 (co-reside)	Women: 36 Men: 37
Proportion Co-residing with Children	62.5%	Women: 76% Men: 76%
Proportion Receiving Transfers from Children	Women: 70.2% (non-co-reside) 52.9% (co-reside) Men: 66.6% (non-co-reside) 48.9% (co-reside)	Women: 29% (working) 33% (non-working) Men: 26% (working) 39% (non-working)
Mean Annual Transfers (Rp000 or mil. VND)	Women: 217.2 (non-co-reside) 160.0 (co-reside) Men: 186.2 (non-co-reside) 185.4 (co-reside)	Women: 0.45 (working) 1.13 (non-working) Men: 0.33 (working) 1.16 (non-working)
Mean Transfers/Mean HH Income	Women: 35.6% (non-co-reside) 6.8% (co-reside) Men: 28.2% (non-co-reside) 9.9% (co-reside)	
Total Transfers/per capita HH expenditure if transfers > 0		Women: 60% Men: 59%
<b>Source</b>	Cameron & Cobb-Clark (2008)	Nguyen (2009)

Table 1 also documents that the majority (62.5 percent) of Indonesian parents over the age of 60 are living with one or more of their children, while more than three in four (76 percent) of elderly Vietnamese live with their children. Finally, we consider the extent of financial transfers to elderly parents from non-co-residing children. Overall, more than half of elderly Indonesian parents received a positive transfer from their non-co-residing children in the previous year, with mothers more likely to receive them than fathers. Although on average the sums of money transferred are not very large, they are a large proportion of mean household income. Elderly Vietnamese parents are somewhat less likely than Indonesian parents to receive transfers from their children (approximately 31 percent), though interestingly, Vietnamese mothers and fathers are equally likely to be receiving transfers. Again transfer amounts are not particularly large on average, though they represent a larger share of per capital household expenditure among those who receive them.

## 2. The Relationship Between Alternative Forms of Old-Age Support in Indonesia and Vietnam

Both Cameron and Cobb-Clark (2008) and Nguyen (2009) consider models in which elderly labor supply is jointly determined with both transfers from and co-residency with children. This framework results in an estimation strategy in which the factors underlying these alternative forms of old-age support are estimated simultaneously.

Not surprisingly, both studies find that the labor supply of the elderly is in part related to their capacity for continued employment. In particular, hours of work are lower for the disabled and the very old. Still, to the extent that wages increase with education, Cameron and Cobb-Clark (2008) also provide evidence that among non-co-residing Indonesian parents it is those facing the lowest returns to market work (i.e. those with no education at all), but perhaps the greatest need, who continue to work into their old age.

Importantly, financial transfers from children do not seem to be a substitute for the income provided by the elderly parent's own labor supply. Specifically, transfers from Indonesian children are an insignificant determinant of parental labor supply for fathers and for co-residing mothers. Transfers are negatively and significantly related to normal weekly hours of work only for non-co-residing mothers, however, this effect is small. Moreover, financial transfers do not have a significant effect on Vietnamese fathers' labor supply, and only a small negative effect on the labor supply of Vietnamese mothers.

These results raise questions about the process driving financial transfers. To what extent are transfers targeted towards meeting parents' needs? The answer appears to differ somewhat across the two countries. In the case of Indonesia, transfers do not appear to be closely related to parental need. Disabled and older parents do not receive any more in transfers than their able-bodied, younger counterparts. Older, co-residing Indonesian fathers actually receive less with transfers falling by approximately 10,000 rupiah for each year the father ages, though this effect is significant at only the ten percent level. Furthermore, wealthier parents (as measured by assets and unearned income) in general receive significantly more transfers from their non-co-residing children. These results suggest that other cultural factors like filial piety may be the main motivating force behind transfers.

On the other hand, Vietnamese children transfer more to elderly parents in bad health, to older fathers, and to parents in more economically depressed regions. Nguyen (2009) concludes that "All in all, these finding suggest that monetary transfer from children is an efficient informal mechanism to manage the risks associated with old age, illness or natural disasters in Vietnam." Finally, co-residence with children appears to be an evolving household structure associated with life cycle changes rather than an explicit form of old-age support. In Indonesia, parents are more likely to co-reside with unmarried children than married children and the propensity for mothers



to co-reside falls as they age. Children's characteristics (rather than parents' characteristics) seem to play a greater role in determining co-residency suggesting that it is the needs of the younger generation which drive the decision to live together. In Vietnam, co-residence falls as children marry and leave their parental home. The propensity to co-reside increases again, however, as parents reach very old age indicating perhaps some role for co-residence in supporting these parents. In short, while co-residence clearly affects the living standards of both generations, there is little evidence that families see it as an explicit form of old-age support. These conclusions are consistent with those of Frankenberg, Chan and Ofstedal (2002) who found that the interests of the younger generation rather than those of the older generation are often the primary motivation behind co-residence.

### 3. Conclusions

On the whole, neither financial transfers nor co-residence seems to be specifically targeted towards providing old-age support to elderly Indonesian or Vietnamese parents. Consequently, there is little to suggest that the pressure for elderly individuals to continue to work to support themselves in Indonesia, Vietnam and perhaps in other developing countries will decrease in the future.

Future research is needed in a number of areas. First, it is important to update the results reviewed here using newer data for Indonesia and Vietnam. Second, it is important to extend this research to other countries at different stages of development and with different institutional arrangements and cultural norms regarding family support. Third, estimating simultaneous models which account for the potentially joint nature of alternative forms of old-age support is important in efforts to determine causal relationships and understand the implications of specific policy initiatives.

### REFERENCES

- Cameron, L., Cobb-Clark, D. (2008) "Do Coresidency and Financial Transfers from the Children Reduce the Need for Elderly Parents to Work in Developing Countries?" *Journal of Population Economics*, Vol. 21(4), October, pp. 1007 – 1033.
- Frankenberg E, Chan A, Ofstedal MB (2002) Stability and Change in Living Arrangements in Indonesia, Singapore and Taiwan, 1993-99. *Population Studies* 56:201-213.

## ADDRESSING THE CHALLENGES OF POPULATION AGEING IN EASTERN EUROPE: POLICIES AND CONSTRAINTS<sup>1</sup>

Nikolai Botev

The basic premise of this paper is that the countries in Eastern Europe (EE) face a complex social, economic and demographic situation, which affects the demand for and the supply of care and services for older persons through kin availability and intergenerational relations, as well as in terms of the ability of the state to support the family in providing care, or to offer directly care services, when needed. The paper recognizes that Eastern Europe is becoming increasingly diverse, as countries follow different development paths and vary in terms of the speed of the social, economic and political transformation. At the same time, shared recent past continues to put an imprint on the demographic trends and patterns in these countries. Part of the imprint is a result of the inherent inertia of demographic processes. Another part is linked to the pronounced inter-cohort differences that emerged with the fall of the Berlin wall. The paper focuses on several features shared by many of the countries in the region, which affect directly or indirectly the process of ageing and the ability of family networks to provide care and support in old age.

One of these features are the wave-like sequences of large and small cohorts generated by the rapid fertility transitions in these countries, by the human losses and birth-death during the two world wars and the famines in the former Soviet Union, as well as by the fluctuations in fertility levels and growth rates as a result of the pronatalist policies of the former Communist regimes. These *disordered cohort flows* pose challenges in terms of care provision and affect the ability of families to provide support in old age on two levels. At the macro level the challenges arise from the lags in infrastructural adjustment as large cohorts move through their life-cycle and require investments in specialized infrastructure to meet the increased demand for services. At the micro level the demographic waves are associated with disruptions in individual life-cycles, partly because members of large generations need to cope with more competitive environments in terms of access to education, the labour market, and various social services, as well as facing a tighter marriage market, which could in turn impact union formation and living arrangements.

### FIGURE 4 ABOUT HERE

The effect of disordered cohort flows is enhanced by two other factors -- the excessive sex differences in mortality and life expectancy, and the ensuing high rates of widowhood among older women, and the high emigration rates among younger persons, which means that many people from the parental generations will be left without immediate family on which

<sup>1</sup> Most of the ideas in this paper were developed for a presentation at the conference "Reinventing Retirement", held in Dürnstein, Austria (23-24 October 2008), sponsored by AARP, the European Centre for Social Welfare Policy and Research, and the Austrian Federal Ministry of Science and Research. Eastern Europe is defined here as the (former) countries with economies in transition, excluding those in the South Caucasus and Central Asia.

to rely for support in old age. This will aggravate the challenges facing the inadequate care provision infrastructure in the region. As a result, older persons in many EE countries risk ending up being a lost generation, which could potentially open an intergenerational rift and increase the risk of intergenerational conflict. Another factor that could contribute to the rift is the interplay between the disordered cohort flows and the fact that demographic changes in the region are occurring alongside major political and economic transitions, as a result of which inter-cohort differences are probably more pronounced in EE than elsewhere in Europe.

The *adverse mortality and morbidity trends* that many East European countries started experiencing in the mid 1960s are a well known idiosyncrasy of the demographic situation in the region. Increases in mortality among working age men were first reported in Hungary (Carlson 1989), but then it became clear that this was a more general trend shared by many countries in the former Soviet bloc. This was probably the first case in world population history of a sustained and substantial increase in mortality not associated with a major epidemic or a war. In the countries of Central Europe this trend was reversed with the fall of communism (Rychtaříková 2004), however, life expectancy there continues to be significantly below that in Western Europe. Life expectancy at birth for men in 2005 in Eastern Europe was below 74 years (lowest in Russia with just 58.9 years), while in Western Europe that indicator was over 75 years. Among women the situation is less clear cut but still in most EE countries life expectancy was below 79 years, while in Western Europe it was generally above 81 years (it is worth noting that on that indicator Slovenia surpassed Denmark). In many CIS countries the adverse mortality and morbidity trends persisted and even deepened after the fall of communism, although signs of improvement have appeared recently (according to official data life expectancy at birth for men in Russia increased by 1 year or more in both 2006 and 2007 – from 58.9 in 2005 to 60.4 in 2006 and 61.4 in 2007 -- RosStat 2008, 103).

The significance of the adverse trends in mortality and life expectancy in the countries of Eastern Europe is manifold. Three aspects, however, are worth noting here. First, these trends are in sharp contrast to the continuous gains in life expectancy around the world (with the exception of the AIDS afflicted African countries), and underline probably the ultimate East-West inequality in Europe – while men in France added 9.6 years to their life expectancy at birth between 1965 and 2005, their brethren in Russia lost 5.6 years (see Figure 1). This underscores the need for rapid improvement of the health-care systems in the affected countries, and for the promotion of healthier life styles.

#### FIGURE 1 ABOUT HERE

Second, as the adverse trends in mortality have affected mostly men, the sex differences in life expectancy in EE were exacerbated beyond anything recorded in peace-time population history (in 2005 in Russia this difference was around 13 years, in Belarus - 12, in Ukraine - 11). As a result

about three quarters of the women over age 70 are widows. The most recent cohorts of these widows have experienced low fertility and relatively high childlessness, so the proportion who do not have surviving children on whom to rely for old-age support is increasing. The situation is further complicated by the fact that the huge war losses during World War II had already created a 'male deficit' in these countries, and the proportions never married among the cohorts of women who faced the post-World War II marriage squeeze are particularly high. Consequently, the provision of care for these women in old age will be a serious challenge, especially given the inadequate infrastructure for provision of institutional care in most of the countries in the region.

Thirdly, even if dramatic progress is achieved in increasing life expectancy, the adverse mortality trends of the past decades will continue to affect the populations in the region through the skewed sex ratios among older persons and through the inter-generational differences in health and mortality -- e.g. young people in EE countries will have lower probability than their peers in Western Europe to have a father or grandfather surviving and in good health, which is likely to affect socialization (given the absence of a father-figure) and inter-generational relations.

The adverse trends in mortality and the low life expectancy are partly behind the fact that the countries in Eastern Europe have lower values on the indicators of population ageing, even though the rapid decline in fertility since the end of the 1980s have resulted in a rapid shrinkage of the younger generations. In a perverse way this could be interpreted as good news for the social security systems. Clearly though, this is sad news for the individuals. It also puts a note of irony in the international discourse on ageing in the European region, which is driven by the concerns of western countries and focuses on concepts like long(er)-life societies.

Another feature of the demographic situation in Eastern Europe, which has so far no parallels in world population history, is the *combination of natural population decrease and net emigration* that some countries in the region are experiencing or at least have experienced at some point following the fall of the Berlin wall. This situation has precipitated the population shrinkage and has given rise to concerns about the 'demographic security' in some of these countries, offering ample material for nationalistic rhetoric and attempts to put in place pro-natalist policies, often at the expense of basic human rights. Figure 3 shows the cleavage between EE and Western and Northern Europe – while the later group of countries are concentrated in the upper right quadrant of the graphs (indicating that most of them have low positive natural increase and net migration growth), the EE countries are dispersed in the other three quadrants (some of them like Albania, the Former Yugoslav Republic of Macedonia, or Serbia had positive natural increase in 2000-05, which however was lost to emigration; seven countries were in the lower left quadrant, which means that they were losing population both due the excess of deaths over births and through migration; finally several mostly Central European countries the natural decrease is partially offset

by net immigration).

### FIGURE 3 ABOUT HERE

The impact of migration on population ageing, including the brain drain/brain gain dimension, return migration, the role of remittances, has been covered extensively in the specialized literature (e.g. Munz 2009), hence we will not address these subjects in detail. Several points need to be emphasized, though: the combination of low fertility and emigration exacerbates the effects of ageing, as it is young people who usually migrate -- this creates a double ‘whammy’ in terms of population ageing, as young people are also the potential parents, so their leaving further reduces the size of the new generations; emigration could also result in the redistribution of care responsibilities across generations in the countries of origin, as many grandparents (often in need of care themselves) end up caring for grandchildren whose parents are abroad, or in the case of four co-surviving generations, the ‘young’ old could find themselves “sandwiched” between care responsibilities *vis a vis* their parents and their grandchildren, in the absence of their emigrant children; last but not least, emigration sifts away part of the “demographic dividend” in EE countries, which could have provided an opportunity for a more rapid economic recovery and would have helped them better face the challenges of population ageing.

A fourth feature that affects virtually all countries in EE is the fact that the dramatic demographic changes there coincided with political and economic transitions, creating an ‘interference’ effect. This fact is captured well in the World Bank report “*From Red to Gray*” (World Bank 2007). The implications of the “interference” between demographic change and social, economic and political transitions are multi-faced, but of particular importance for this analysis is that it opened a potential intergenerational rift, as the shock of the fall of communism affected differently younger people, who could relatively easily reorganize their life cycles so as to adapt to the changed conditions, and older persons for whom such a reorganization was more difficult (or even impossible). This potential rift needs to be taken into account both by researchers, as research designs that do not account for these differences is likely to fail, and by policy-makers, as the policy formulation process needs to account for the higher probability of intergenerational conflict.

One particular manifestation of the potential rift are the inter-generational differences in objective and subjective well-being. Old-age income maintenance schemes were eroded as a result of the economic difficulties and the need for fiscal austerity during the transition to market economies. Consequently, poverty levels among older persons have increased significantly. Subjective perceptions also indicate that older persons see themselves as the losers of the transition (see e.g. Lelkes 2008). At the same time, poverty levels among children in these countries are also high (see UNICEF 2006). This is visible in Figure 5, which presents data on child and old-age poverty rates in the 25 pre-2007 EU member States. A clear difference is visible among the new

member states (NMS) and the other 15 countries. While the old member states are approximately equally distributed around the ‘regression’ line, all NMS with the exception of Slovenia are above that line (i.e. the poverty rate of the children under age 15 is higher than that of persons over 65). These data, however, need to be interpreted with caution, as there are at least two ‘structural’ factors that could be behind the ‘East-West’ differences. First, the data are based on a general purpose sample (the European Community Household Panel), which in the case of the EE countries, with their lower life expectancy and probability of survival to older ages, under-represents the oldest old, who are the most vulnerable and at the greatest risk of poverty. Instead, the data are driven mostly by the ‘younger’ old who in many cases are employed in the informal sector, in addition to being eligible for and receiving pension. This, I have argued, misrepresents the vulnerabilities and might lead to ill-informed policy decisions (see Botev 2008b). A second factor that needs to be kept in mind when interpreting the data, are the differences in timing of births between new and old EU member states (see Figure 6). Earlier childbearing means that parents have lower income and assets, and hence contributes to higher poverty among children. Keeping this mind is important as in some EE countries measures to increase fertility are advocated that would operate mostly through the calendar of births. By pushing fertility towards younger ages, such measures could undermine the efforts to address the issue of children poverty in these countries (Botev 2008a).

#### FIGURES 5 AND 6 ABOUT HERE

The last feature also stems from the earlier childbearing in EE countries, and concerns its potential impact on intergenerational relations through the *shorter generational length*. Figure 6 registers the fact that by the time the Berlin wall fell, EE and the rest of Europe were two different worlds in terms of timing of fertility. In Western and Northern Europe a trend towards postponement of fertility emerged in the late 1970s and 1980s (usually associated with the so called ‘second demographic transition’). In EE countries, on the other hand, a number of factors including the pro-natalist policies of the 1970s and 1980s, the idiosyncrasies of the housing situation, etc., kept fertility relatively early. As a result, by 1990 the mean age at first birth in most EE countries was below 23 years. In Russia, for example, about a quarter of the women born in the early 1970s had their first child by age 20 (Zakharov and Ivanova 1996).

After the fall of the Berlin wall, the countries of EE started to gradually ‘catch up’ as a trend of delayed childbearing emerged in most of them. The mean age at childbearing there, however, continues to be lower than that in the other parts of Europe. Thus, in 2005 the mean age at childbearing in the EE countries was under 29 years (lowest in Bulgaria – 26.0; Slovenia being an exception with 29.4, which probably explains partly why it is an outlier amongst the other new member states in Figure 5), while in the other EU countries it was above that age (the highest being in Spain – 31.1 years).

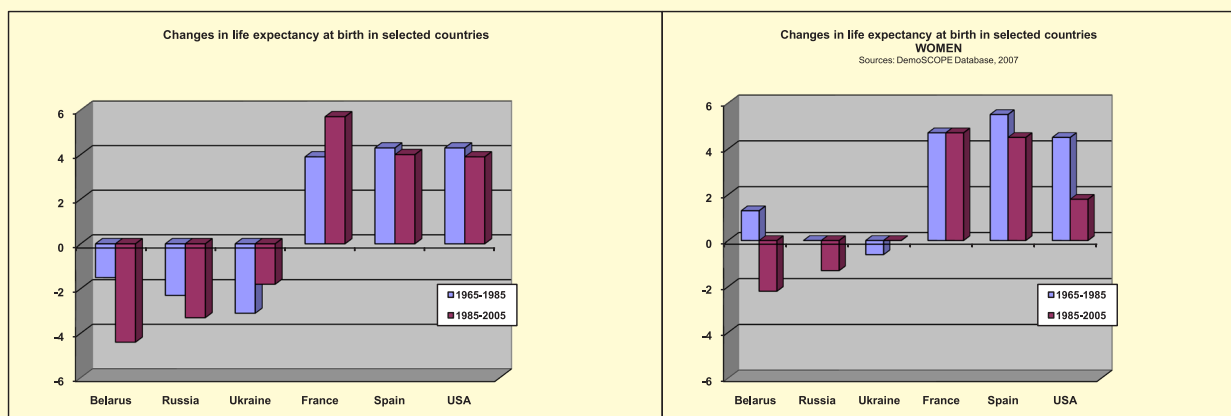
Even if fertility patterns converge, the past differences will continue to have an imprint, particularly on inter-generational relations. Earlier fertility means shorter generational length. This raises the question whether one would relate differently (in terms of emotional attachment, compatibility of interests, etc.) to her/his parents in later life if the age difference with them is 20 years instead of 38 years. If shorter generational length fosters relations across generations, it could counter-balance the effect of the 'rift' discussed earlier. Generational length could also affect the availability of care – smaller age difference implies that the children's generation would be more likely to be retired by the time their parents are in their 80s and most in need of care. In that sense the shorter age gap between generations could help avoid the 'sandwiched generations' effect, as it increases the probability of co-survival of four generations.

In most EE countries earlier fertility, the high labour force participation among women, and the inadequate child care facilities resulted in a redistribution of child care responsibilities between generations, as grandparents took over part of that care from parents. This was further facilitated by the low retirement age among women, which made them available to provide child care, as well as by the chronic housing deficits in the former communist countries, which resulted in forced co-residence of three or more generations. In a sense, the situation was one where children were bearing children and grand parents were rearing them. This raises yet another question--would the fact that grandparents were a major provider of child care affect relations across generations? If it fosters relations with grand-parents in later life and influences positively the image of older persons, it could also counteract partially the inter-generational rift discussed earlier.

Clearly the countries in EE will face a number of issues in harnessing the opportunities of ageing and addressing the challenges that arise from it. This will be due to a number of idiosyncrasies in their demographic development, a situation that will be complicated further by the fact that rapid demographic change coincides with political and economic transitions. Given the diversity of the region, it could be expected that the magnitude of the challenges will differ from country to country, as will the preparedness of the state and the other social actors to address them. The approaches to policy formulation will also inevitably differ. Some countries have already embarked on developing targeted sectoral policies and programmes to address ageing (one of the best examples is Slovakia, which over the past 15 years has adopted a number of programmes and legislative acts to address the challenges associated with ageing. Other countries pursue a mainstreaming approach to policy formulation and address ageing and the status of older persons in the context of broader social policies or national population strategies, rather than through sectoral policies and programmes.

## REFERENCES

- Botev, N. 2008a. "Can policies enhance fertility in Europe?" and questions beyond. *Vienna Yearbook of Population Research 2008*, pp. 29-34
- Botev, N. 2008b. Las partes olvidadas de la región. pp. 227-31 in: *Foro de la Sociedad Civil sobre Envejecimiento*. Madrid: IMSERSO
- Botev, N. 1999. Older persons in countries with economies in transition. *Population Ageing: Challenges for Policies and Programmes in Developed and Developing Countries*. UNFPA and CBGS
- Carlson, E. 1989. Concentration of rising Hungarian mortality among manual workers. *Sociology and Social Research*, 73: 119-28
- European Commission. 2007. *The social situation in the European Union 2005-2006: The Balance between Generations in an Ageing Europe*. Brussels
- Lelkes, O. 2009. Title of paper in AARP/EC volume
- Munz, R. 2009. Title of paper in AARP/EC volume
- RosStat. 2008. *The Demographic Yearbook of Russia 2008*. Moscow
- Rychtaříková, J. 2004. The case of the Czech Republic. Determinants of the recent favourable turnover in mortality. *Demographic Research, Special Collection 2*: 106-38
- World Bank. 2007. *From Red to Gray: the third transition of aging populations in Eastern Europe and the former Soviet Union*. Washington, D.C.
- UNICEF. 2006. *Innocenti Social Monitor. 2006. Understanding Child Poverty in South-Eastern Europe and the Commonwealth of Independent States*. Torino
- Zakharov, S. and E. Ivanova. 1996. Fertility decline and recent population changes in Russia: On the threshold of the second demographic transition. In: *Russia's Demographic Crisis*, edited by Julie DaVanzo, Santa Monica, CA: Rand, pp.36-82



Source: DemoSCOPE database 2007

**Figure 1: Changes in life expectancy at birth in selected UNECE countries, 1965-2005**



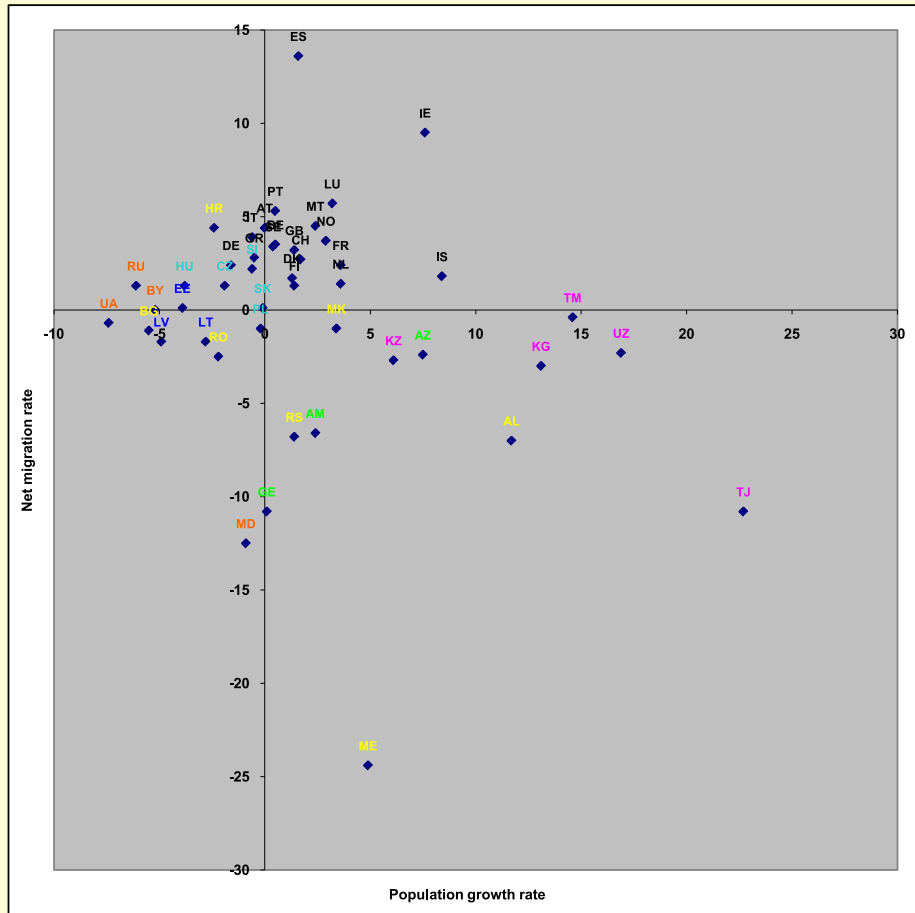
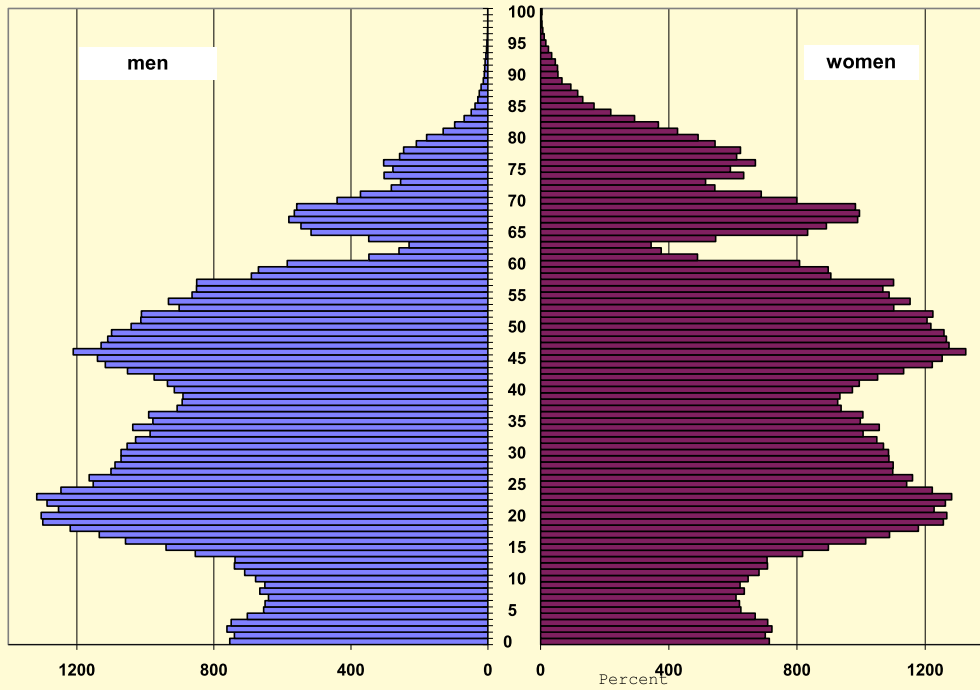


Figure 3: Countries by contribution of natural increase and net migration to population growth, 2000-5

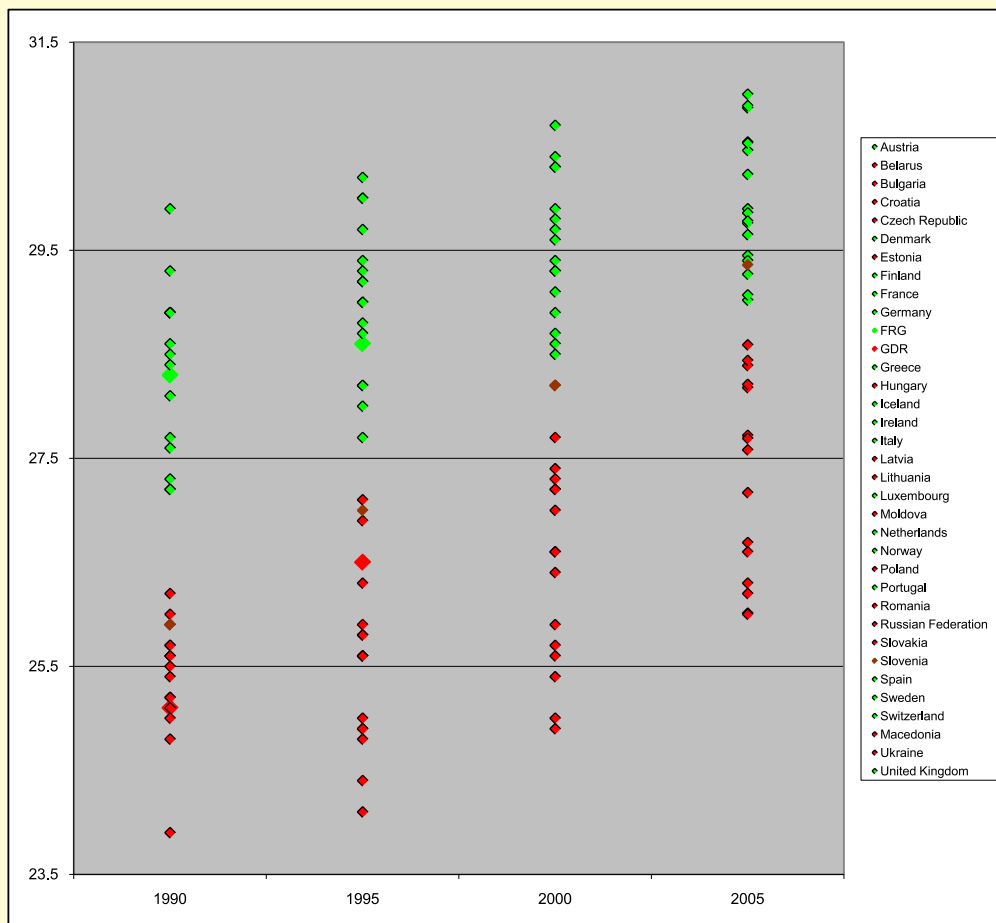


Source: Romania – EuroStat online database; Russian Federation – Human Mortality Database ([www.mortality.org](http://www.mortality.org))  
 Figure 4: Age pyramids for Romania and the Russian Federation (as of 1 January 2007)



Source: European Commission 2007

Figure 5: Child vs. old-age poverty in the 25 EU member States, 2001



Source: DemoSCOPE database 2007

Figure 6: Mean age at childbearing in the European countries, 1990-2005

# FAMILIES AND INTERGENERATIONAL SOLIDARITY IN MEXICO: CHALLENGES AND OPPORTUNITIES <sup>1</sup>

Verónica Montes de Oca Zavala <sup>2,3</sup>

In Mexico, the different types of families are the basis of the social networks and are the source of intergenerational solidarity. The National Survey of Values, in 1994, showed that 85% of those surveyed considered the family to be very positive in such areas as: unity, children, love, home, well-being, parents, understanding, house, affection, education, happiness and support (National Survey of Values, 1994, cited in Tuirán 1995).

In recent times family relations and solidarity have been affected by migration, economic crisis, unemployment and an increase in poverty. Simultaneously the rate of child mortality fell from 317 per every 1000 live births in 1930 to 31 in 2000. The life expectancy increased in Mexico from 30 years in 1910 to 74.6 years in 2005. The birthrate went from 7 children per woman of reproductive age in the 60's to 2.6 children in 2000. [INEGI (National Institute of Statistics, Geography and Informatics)], 2000).

## 1. Changes in the families and households in México 1976-2006

Today Mexico is in advanced process in the demographic transition, it has effects to the families and households, for example the most recent evidence shows that in Mexican the size of household are reduce (5 to 4.1 members), households there has been a decrease in the nuclear structure<sup>4</sup>, the number of extended households remains unchanged and there has been an increase in what are considered to be non-family households, among which are one-person households. It is also shown that there has been an increase in households headed by women and a process of ageing in Mexican households. This process of change since the 70's to date shows that the decrease in the birthrate has mainly affected nuclear households. On the other hand, in extended households there has been an increase of children under 5 as a strategy to create descendants (López, 2001; Montes de Oca and Garay, 2009).

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1 The author wishes to thank my colleagues Rosaura Avalos, Sagrario Garay, Mirna Hebrero and Ahtziri Molina Roldán, for their support and collaboration in several research projects on which some of the findings presented here are based.

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4 Among nuclear households there has been an increase in households consisting of only a couple due in part to ageing, but also to putting off pregnancies among young couples.

Table 1. México. Distribution of households based on composition of relationships, 1976-2006.

TYPE OF HOUSEHOLD	EMF-1976(1)	ENADID-1992(2)	ENADID-1997(3)	ENADID-2006(4)
<b>Nuclear</b>	<b>71.1</b>	<b>68.4</b>	<b>67,4</b>	<b>66,7</b>
Childless Couple	6.1	6.4	6,9	8,9
Couple with Single Children	58.1	55.0	52,6	48,1
Father or Mother with Single Children	6,8	7,0	7,9	9,6
<b>Extended</b>	<b>22.7</b>	<b>24.4</b>	<b>24,4</b>	<b>23,2</b>
Couple with no children and other relatives	1,4	3,3	3,3	2,3
Couple with single children and other relatives	13,3	12,6	11,7	11,9
Father or Mother with Single Children and other relatives	5.2	3.9	4,3	3,3
Father or Mother with other relatives	2,8	4,6	5,1	5,7
<b>Complex</b>	<b>1,5</b>	<b>1,0</b>	<b>1,3</b>	<b>1,9</b>
Childless Couple and other non-related persons	0,2	0,2	0,2	0,4
Couple with single children and other non-related persons	1,0	0,6	0,7	1,2
Father or Mother with single children and other non related persons	0,3	0,2	0,2	0,2
Father or Mother with other relatives and non related persons	--	--	0,2	0,1
<b>One person</b>	<b>4,2</b>	<b>5,5</b>	<b>6,6</b>	<b>7,8</b>
<b>Coreidents</b>	<b>0,6</b>	<b>0,6</b>	<b>0,4</b>	<b>0,5</b>
<b>Total</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>

Sources: (1) Tuirán (1993) (2) Tuirán (1997) (3) Estimations by Council National of Population (CONAPO) with the National Dynamic Demographic Survey (ENADID 1997) (4) Montes de Oca and Garay, 2009.

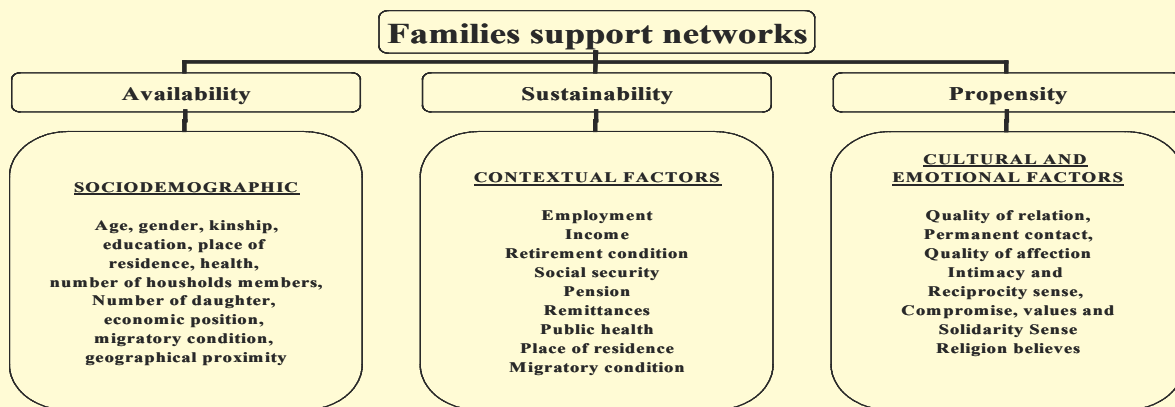
The social, economic, political and demographic transformations have contributed to changes in the concept of the family model, as well as the meaning of maternity, paternity, children, ageing mothers/fathers, marriage in old age, as well as intergenerational relationships which are a result of longer life expectancy. Today in Mexico there is greater intergenerational coexistence: 13% of all household have more than 3 generations. Likewise, households include the cycles of longer lives and undergo fundamental changes as a result: retirement, widowhood, illness, the empty nest syndrome and progressive weakening of social networks resulting from the death of piers (Montes de Oca and Hebrero, 2006). This context is very important because families and the social support networks are the most important providers of economic, instrumental and emotional support for elderly and frail members of families.

## 2. Families, transnationalism and social supports

In recent years the economic crises and the deterioration of farming and agriculture in Mexico since the signing of NAFTA have caused more young migrants to leave the country in search of better working conditions and income for their households. Statistics show that in 2000 Mexicans made up 7.4% of the population of the USA, or about 20 million people (Saézn, 2003).

In this context and with the globalization, the transnational families are a very important type of family as outcome to the dynamic migratory and the global economic change. However different types of families, including transnational families, are a starting point for understanding the new strategies between migrant and non migrant children with parents in old age, especially in rural and urban areas where are serious differences in elderly's quality of life.

The evidence in different studies shows that some factors get involved in the families support networks for obtain availability, sustainability and propensity. The socio-demographic factors of the children, spouse or the men and women in old age are very relevant in the availability. Some contextual socio-economic factors act for the sustainability, and some cultural and emotional factors are relevant in the propensity. each characteristics have different significance depending the type of support (instrumental, material, care, information, monetary, and else). The sustainability not depends only of the personal characteristics, the contextual institutional environment is very important to sustain the social supports and the networks between the members of the families and generations (Montes de Oca, 2001; Gomes y Montes de Oca, 2004; Salgado and Wong, 2007)



Source: Elaborated by Montes de Oca, V.

### 3. Old age, families and social support networks

In Mexico the intergenerational relationships may be interdependent or dependent, and there is almost always a sense of exchange and reciprocity that vary for the socio-cultural formation and between generations. In contexts of great migration in Mexico, the substantial role played by remittances take the place of the pension, but just a third of the children who have migrated send remittances. This monetary support goes towards medical emergencies, health treatments, family investments, and the construction of houses which are seldom used. Economic dependence exists of elderly men and women on their sons and daughters. However parents contribute household help for their children, caring for grandchildren and other material and non-material support. The most important resources for the rural elderly are their children; economic security in old age depends on the success on the job of the descendants. The provision support for the elderly varies between migrants and non migrants children; and with the time in the reception place for the migration. The migration is as important like the migration condition (with documents or without documents) as the age of children. The migrant children to another country, the dynamics of family support changes significantly, concentrating non-economic support activities on the children who live in the same place as the parents. The supports of the non migrant children are more permanent than

the migrant children. The migrant children are a non regular support. The elderly who have non migrant children have regular economic and non economic support. The elderly who have migrant children have an irregular support (rural areas). But the migration experience makes difference in the ageing process for the elderly.

Respect to the health, there is a positive correlation between receiving formal and informal transferences and health status. But better health is only guaranteed with formal transferences or with a combination of formal and informal transferences. The elderly who are most vulnerable to deterioration in health and inefficient transferences live in rural areas, are women and are over 80. There is an inverse relationship between a favorable quality of life in relation to health and less dependence on informal family support. With deterioration in health also comes economic and non-economic dependence.

#### 4. Final thoughts

Finally, is very important for the public policies take in consideration the changes in the families and household as a consequence of the demographic transition but with especial focus in the rural migration. The lack of social security and the children migration affect the families and the social supports for the elderly. The social supports networks are modified for cultural, social and demographic changes. The sustainability, availability and propensity in the families social support needs factors socio-demographic, socio-economic context, cultural and emotional factors but each one are different by type of support. The public policies and the social programmes needs to know the negative effects of the migration.

Migration is not a solution to the problems of ageing in Mexico. To the contrary, it reveals intergenerational relationships which in the long run are unsustainable and which do not guarantee quality of life for ageing relatives. The elderly will continue to depend on governmental programs, work, remittances and pensions, and will continue the dependence on co-resident offspring or on those who decided to migrate. Migration and ageing transform families in Mexico and modify existing social networks and thus intergenerational relationships are also modified when support is provided to the ageing. What takes place in Mexico also takes place in other developing countries and therefore there must be mechanisms by means of which descendants can keep their economic and emotional ties with their relatives, be these children or ageing parents. Migratory policies between Mexico and the United States, as well as among other countries, must take into consideration demographic processes which are experienced and propose ethic responsibility in relation to generational reciprocity at the state as well as the family level.

## REFERENCES

- Ariza, Marina (2002), "Migración, familia y transnacionalidad en el contexto de la globalización: algunos puntos de reflexión," *Revista Mexicana de Sociología*, 64, Núm. 4, octubre-diciembre, 53-84.
- Gomes, C. y V. Montes de Oca (2004), "Ageing in Mexico. Families, Informal Care and Reciprocity," en Peter Lloyd-Sherlock (Ed.), *Living Longer. Ageing, Development and Social Protection*, ZED Books, pp. 230-248.
- López Ramírez, A. (2001), *El perfil sociodemográfico de los hogares en México 1970 – 1997*, Consejo Nacional de Población, México, D.F., pp. 41.
- Montes de Oca, V., (2001), *Envejecimiento en México: Un análisis sociodemográfico de los apoyos sociales y el bienestar de los adultos mayores*. Tesis de Doctorado presentada en el Centro de Estudios Demográficos y de Desarrollo Urbano, El Colegio de México, México, 497 págs.
- Montes de Oca, V. y M. Hebrero M. (2005), "Transferencias intergeneracionales y apoyos económicos y no económicos en México y Guanajuato: aproximaciones macro y micro," *Revista Notas de Población*, Celade-División de Población Cepal, No. 80, año XXXII, octubre.
- Montes de Oca, V. y M. Hebrero (2006), "Eventos cruciales y ciclos familiares avanzados: el efecto del envejecimiento en los hogares de México" en *Papeles de Población*, núm. 50, octubre – diciembre, Universidad Autónoma del Estado de México, Toluca, México, pp. 97 – 116.
- Montes de Oca, V., A. Molina Roldán y R. Avalos Pérez (2008) *Migración, redes transnacionales y envejecimiento*, México, IISUNAM,
- Montes de Oca, V. (Coord.) (2008) *Historias detenidas en el tiempo. El fenómeno de la migración desde la mirada de la vejez en Guanajuato*, México, Gobierno de Guanajuato, 153 pp.
- Montes de Oca, V. y S. Garay (2009) "Familias, hogares y vejez. Cambios y determinantes en los arreglos familiares con personas adultas mayores en México: 1992-2006," mimeo.
- Saézn, Rogelio, (2003) "Latinos and the changing face of America" *The American People. Census 2000*. Russell Sage Foundation Population Reference Bureau, 28 pp.
- Salgado N. y R. Wong, (Eds.) (2007) *Envejecimiento, pobreza y salud en población urbana. Un estudio en cuatro ciudades de México*, INSP, México, 161 pp.
- Tuirán, R. (1993) "Vivir en familia: hogares y estructura familiar en México, 1976-1987." *Comercio Exterior*, Vol. 43. Núm. 7, México, pp. 662-676.
- Tuirán, Rodolfo, (1995) "Cambios y arraigos tradicionales," en *DEMOS. Carta Demográfica sobre México*, México, 30-31.
- Tuirán, R. (1997) *Demographic Change and Family and Non Family Related Life Course in Contemporary Mexico*, Ph. D. Dissertation, Austin, University of Texas at Austin.

# SOCIAL POLICIES, FAMILY ARRANGEMENTS AND POPULATION AGEING IN CUBA

Rolando García Quiñones<sup>1</sup>

## 1. Introduction

Mortality decrease - and particularly fertility reduction, coupled with sustained emigration rates - has led significant changes in the Cuban population's age structure. Fertility levels have not guaranteed generational replacement in the last three decades. The swift ageing process that has taken place is one of the main challenges that faces and will continue to face the Cuban State, in the context of a fragile economy.

Three are the main objectives of this paper: 1) to illustrate particularities of the Cuban population ageing process; 2) to categorize some of the current challenges in relation with the new family arrangements and support networks; 3) to introduce the social policies and programmes for the elderly population care.

## 2. Population ageing in Cuba.

According to different estimates by 2010, 60 years and over individuals might exceed those younger than 15 years old. Currently, 17% of Cuban population has reached 60 years and over. The speed of the ageing process is accompanied by its homogeneity. Urban areas show 16.2% of 60 and over of inhabitants, while rural ones reach 14.5%.

## 3. Family arrangement and some challenges for social policies.

The Cuban family has become less numerous. The (persons per home) average in Cuba has decreased in size from 4.9 to 3.2 persons per home in the last 50 years. Nuclear-type homes have relative predominance (54% of all types of homes), but non nuclear homes (extended and composed) are increasing, representing a 32% of the total. In Cuba, the vital cycle of the homes, seems to correspond, as an average, to the advanced stages of the traditional cycle, since mean and median age of these homes (measured by the age of the chief), has been definitively increased, as a result of ageing. As the age of the head of the family increases, more than two generations could be co-residents in the homes. Non nuclear homes, specially the extended ones, show a relative steady growth during the successive stages of the vital cycle, mainly after the 55 year level. Unipersonal homes represented 14% in the 2002 Census. This issue could be associated to the increased female life expectancy, but also to the increase in the delay of marriage and to the increase in the breakdown of unions (36.7% of home heads were single and 33.7% divorced and/or separated).

According to the results of Health, Welfare and Ageing Survey (SABE 2000), 93% of the elderly received help, in the following order of importance: services, "things", money and human company. The ranking of the help provider in the support network showed, in first place, "other

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co-residents” above co-resident children, followed by the children that live out of home, brothers and sisters, other relatives and friends, and, finally, the community. On the other hand, the kind of help provided by the elderly ranked as follows: 78% gave it mainly in services; in second place, providing “things”, in third place, money; in fourth, children’s care and in the last place, company. (There is really a relative high reciprocity).

#### 4. Social policies and programmes.

Generated pressures in Cuba constitute permanent challenges for the social policies. Cuban society model is so articulated that family takes part and interrelates with social policies at the same time that develops its own strategies, makes adjustments and tries to adapt to each new circumstance.

4.1. Social Security and pension system: The social security system covers all working people in Cuba. A new Law on Social and Security Assistance came into effect on January 2009. Among other aspects, the new law modifies retirement age, increasing it by 5 years. This increase will be gradual. From 2009 onwards, retirement age will be raised six months each year, up to the year 2018, when it would be established at 60 years for women and 65 for men.

4.2. Elder’s Care National Programme: In 1984 the Nurse and Family Doctor Programme was established, greatly contributing to the improvement of attention to the elder population. Through this modality of community care, a doctor and a nurse take care of about 120 families in each community (some 600 to 700 persons). In 1997 the current National Programme for the Attention of the Elderly was approved and is operational at all levels (local, municipal, provincial and national). The National Programme is integrated by 3 sub programmes:

4.2.a. Hospital care sub programme: Consist in linking hospital and community care, with the goal of keeping the elderly interned for just the strictly necessary time and to reincorporate him promptly to his own environment, while providing him/her with the highest levels of care, promotion, prevention, treatment and rehabilitation.

4.2.b. Institutional care sub programme: Its goal is to perform actions of health promotion, prevention, treatment and rehabilitation in those elders whose only alternative is to stay in an institution for the elderly, but with family, community, and political and mass organizations support, in order to increase their quality of life. Different institutions are integrated to the programme:

- “Elders Homes”: Provides short, middle and/or long stays for frail elders that are lacking better socioeconomic conditions, and who are not benefited with other alternatives in the community. These institutions are the home of only 0.6% of the 60 years and over population; the majority of the elders stay in the community
- “Medical and Psycho-pedagogic Centers”: These centres of the National Health System

provide preventive, medical and rehabilitation services with the participation of certified experts. They include attention to the mentally retarded.

4.2.c. Elder's community care sub programme: Constitute the basic link in caring for the elderly because they incorporate both the strengths of the family and of the community in its management. Under this programme the following new modalities are included:

- "Grandparents' houses": These are social institutions that bring comprehensive day care (during 8 – 10 hours) to elders lacking families or relatives that could care them during the daytime. Also cared for in these institutions are the elderly with some degree of incapacity in normal, daily activities. During their stay in these centres, they receive breakfast, lunch and medical attendance. They return home in the late afternoon. The elderly stays in its usual environment (family link, the community); it makes possible to the family to alternate its activities with the care required by the elder.
- "Grandparents' clubs": Grandparents' clubs are community-based elderly groups that carry out sports, cultural, recreational, promotion and prevention activities that lead to a healthy aging and a satisfactory longevity. It also includes the performing of exercise under the guidance of a professional.
- Besides, there are Multidisciplinary Gerontologic Care Teams dedicated to comprehensive communitarian care to the elderly, and support the family medicine team (Family Doctor), promoting other formal and not formal modalities of communitarian care. There are Social Workers who visit and care for persons who live alone or are highly dependent.
- 5. Some of the new challenges. Final Considerations:
- Progressive increase in the need for resources for a population, that ages in institutions and communities, including the need for specialized attendants. Repair and maintenance of long-term institutions, Homes for the Aged, Grandparents' Clubs and their possible enlargement.
- Need to deepen the specialized studies of elderly women, who carry the heaviest burdens of their shoulders during times of crisis and who usually are responsible for the care of the oldest and the infirm.
- Population ageing, linked to the increase of separations and divorces, is significantly impacting the social and demographic profile of Cuban homes. The most remarkable change in the composition of Cuban homes is the progressive growth of unipersonal homesteads.
- Prevalence of the extended type homes and of tri-generational. The shortage of dwellings is not only quantitative but also qualitative, limiting the spontaneous formation of new family nucleus. It is also associated to the difficulty in the constitution and stability of new couples. New families are added, probably, with different families survival strategies. The forced sharing of a single dwelling has made housing, sometimes, a source of conflict.

# AGENDA

Wednesday, 3 June 2009

9:00 – 9:30 am            Registration

Official Opening

9:30 -10:00 am           Welcoming Remarks – H.E. Noor Al Malki, Supreme Council for Family Affairs  
Welcoming Remarks – Mr. Richard Wilkins, Doha International Institute for  
Family Studies and Development  
Welcoming Remarks – Mr. Jose Miguel Guzman, United Nations Population  
Fund  
Welcoming Remarks – Mr. Alexandre Sidorenko, UN Programme on Ageing  
Welcoming Remarks – Mr. Alberto Palloni, Northwestern University

10:00 – 10:30 am        Mr. Alberto PALLONI: Presentation of Background Paper

10:30 – 10:45 am        Coffee/tea break

10:45 – 12:45 pm        Session 1 – Panel on the Changing Family Structure and its Impact on the Welfare  
of Older Persons

Chair: Mr. John Knodel  
Discussant: Ms. Emily Grundy

Low  
Mr. Francesco BILLARI: Is Old-Age Security Still a Motive for Childbearing in  
Fertility Societies?  
Ms. Melanie SERENY: Chinese Elders' Living Arrangement Concordance and  
Self-rated Health  
Mr. Merrill SILVERSTEIN: The Impact of Labor Migration on Intergenerational  
Support Networks of Older People in Rural China

12:45 – 1:45 pm        Lunch

1:45 – 3:45 pm        Session 2 – Panel on Inter-Generational Relations

Chair: Mr. Merrill Silverstein  
Discussant: Mr. Jorge Bravo

Mr. John KNODEL: Is Intergenerational Solidarity Really on the Decline?  
Cautionary Evidence from Thailand  
Ms. Karen GLASER: Family Disruption and Social Support Among Older People  
Across Europe  
Ms. Kathryn YOUNT: Gender, Generation, and Resource Transfers in Egypt

3:45 – 4:00 pm      Coffee/tea break

4:00 – 6:00 pm      Session 3 – Panel on Care giving

Chair: Ms. Kathryn Yount

Discussant: Mr. Barthelemy Kuate Defo

Ms. Leng Leng THANG: The Dynamics of Multigenerational Care in Singapore  
Ms. Jinkook LEE: Depression, Social Network, and Gender  
Mr. Kheder Zakharia: Remarks on Care-giving in the Arab Countries

Thursday, 4 June 2009

9:00 – 11:00 am      Session 4 - Panel on Economic Transfers

Chair: Mr. John Knodel

Discussant: Mr. Francesco Billari

Mr. Luis ROSERO-BIXBY: Intergenerational Transfers in Latin America and Population Ageing

Ms. Hye-Won Erin KIM: Child-to-Parent Financial Transfers and their Contribution to Reducing Elder Poverty in Korea

Mr. Jorge BRAVO: Intergenerational Transfers: Concepts and Examples from Latin America and Asia

11:00 – 11:15 am      Coffee/tea break

11:15 – 12:15 am      Session 5 - Social Inclusion and Integration: Protecting Older Persons Against Violence, Abuse and Discrimination

Chair: Mr. Jorge Bravo

Discussant: Mr. Luis Rosero-Bixby

A      Ms. Jenny GIERVELD: Living Arrangements and Differences in Family Support: Comparative Perspective

Ms. Monica FERREIRA: Protecting Older Persons Against Violence, Abuse and Discrimination

12:15 – 1:15 pm      Lunch

1:15 – 2:45 pm      Session 6 - Role of Government, Community, NGOs, FBOs: Policy Implications

Chair: Ms. Monica Ferreira

Discussant: Ms. Melanie Sereny

Ms. Sandra HUENCHUAN: Ageing, families and care systems in Latin

America

Ms. Emily GRUNDY: Family Support for Older People in Europe: Determinants and Consequences

Mr. Alexandre SIDORENKO: Government Policies Supporting Family Networks: Best Practices from the Policy Area of Ageing

2:45 -3:45 pm Session 7 – Case Studies: Effective Policies To Address the Challenges of Rapid Population Ageing Faced by Governments and Families

Chair: Mr. Jose Miguel Guzman

Discussant: Mr. Alexandre Sidorenko

Mr. Barthelemy KUATE-DEFO: Intergenerational Transfers and Population Ageing in African Countries

Mr. Yussouf MUFTAH: Care giving for the Elderly in Qatar

Ms. Deborah COBB-CLARK: The Role of Support from Children and Own Labor Supply in Supporting the Elderly in Indonesia and Vietnam

Mr. Nikolai BOTEV: Addressing the Challenges of Population Ageing in Eastern Europe: Policies and Constraints

Ms. Veronica MONTES DE OCA: Intergenerational Solidarity in Mexico: Challenges and Opportunities

Mr. Rolando GARCIA: Social Policies, Family Arrangements and Population Ageing in Cuba

3:45 - 4:00 pm Coffee/tea break

4:00 – 5:00 pm Session 7 Continued - Case Studies and Discussion

5:00 – 6:00 pm Session 8 – The Way Forward

Chair: Ms. Ann Pawliczko

Panel of Collaborating Partners: Mr. Jose Miguel GUZMAN, Ms. Amina MESDOUA, Mr. Alberto PALLONI, Mr. Alexandre

SIDORENKO

6:00 pm Closing – Mr. Jose Miguel Guzman, United Nations Population Fund  
H.E. Abdulla Bin Nasser Al KHALIFA, Doha International  
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