

# FAMILY SUPPORT NETWORKS AND POPULATION AGEING

## A Summary Statement

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### 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

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.