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Attitudes towards filial responsibility between 2001 and 2017 in Europe

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Abstract

This study examines how attitudes towards filial responsibility (AFR) have changed in 11 European countries between 2001 and 2017, based on data from the International Social Survey Programme. The countries represent different types of welfare states and family traditions. The study also analysed the interconnectedness of age and gender. Results show that in 2017 people felt less filial responsibility than in 2001 in 10 countries. Only in Great Britain did the AFR show a positive change. Negative changes were most evident in Hungary, France, Denmark, and Finland. The negative change appear to have occurred in both genders and across all age groups and was predominant among late middle-aged women. However, although the intensity of AFR change varied, it was difficult to determine clear patterns in the country-by-country variations. The results have negative implications for political proposals on long-term care for older adults supported by younger generations.

Keywords: filial responsibility; attitudes; European demographics; older adult care; informal care; welfare state

Introduction

There are two important trends in European demographics: the birth rate is decreasing, and people are living longer (Organisation for Economic Co-operation and Development [OECD], 2017). This represents a dramatic deterioration in the dependency ratio, with a shrinking proportion of working-age people forced to assume increasing responsibility for the well-being of older generations. Thus, an extremely important and topical question is as follows: Who should take care of our oldest and most needy parents and grandparents? There are three main options: market, state, and family. Throughout history, European countries have chosen their own welfare models, in which all the above-mentioned sources of care are

prioritised differently in the way that some countries are more market or family orientated, while others are more state-orientated (Esping-Andersen, 1990; 2009).

For several decades, the European Values Study has regularly sought to determine what respondents consider their most important aspect of life. The answer has been constantly and universally the same: family (see: <https://www.atlasofeuropeanvalues.eu/maptool.html>). Family is a very strong social institution with an evolutionary biological basis (Tanskanen & Danielsbacka, 2019). Family members are bound together by not only a strong emotional bond, but also a sense of duty for mutual care. The latter can be described by the concept of intra-family solidarity (Bengtson, 2001; Bengtson & Roberts, 1991), which includes two main norms: parents should take care of their children and adult children should take care of their ageing parents and grandparents.

The latter norm is referred to as filial obligation or filial responsibility (Dykstra & Fokkema, 2012; Lowenstein & Daatland, 2006; Stuifbergen & Van Delden, 2011). Many European studies have found that informal support and assistance provided by adult children to their own parents is quite common (Herlofson & Brandt, 2020; Lowenstein & Daatland, 2006). However, it seems that in the European debate on older age, the hopes of policymakers are increasingly being placed on middle-aged children playing a greater role in the care of their own parents (Broese van Groenou & De Boer, 2016; Ranci & Pavolini, 2015). However, whether Europeans agree that adult children should be responsible for older adult care and whether there are long-term changes in people's attitudes remain to be studied.

Longitudinal research considering changes in attitudes towards filial responsibility (AFR) is surprisingly scarce. Using population-based samples compiled in Southern California from 1985 to 2000, Gans and Silverstein (2006) revealed that AFR decreased over time. Similar results were evident in a study by Hsu et al. (2001), who used population-based samples compiled in Taiwan from 1984 to 1995. Herlofson et al. (2011) used Norwegian data

collected from 2002 to 2008, finding that filial responsibility had decreased over the study period. In contrast, a recent study by Wang et al. (2021) conducted in three southeast regions in China found no significant decline in filial responsibility attitudes between 2004 and 2017. All the above-mentioned studies utilised longitudinal data, allowing them to take into account generational, periodic, and age effects separately. However, they also have their limitations: The studies by Gans and Silverstein (2006) and Hsu et al. (2001) used data gathered decades ago and thus cannot capture more recent changes in AFR. Moreover, an important limitation of all these studies is that they are based on data from a specific region rather than on cross-country data, making it impossible to compare regional differences in family culture and by types of welfare states.

This study used data from 11 European countries collected between 2001 and 2017 to capture the more recent changes in AFR between these time points. Europe has undergone significant demographic and social changes during the first two decades of the 21st century, including population ageing, increased participation of women in the labour market, and significant expansion of the European Union. Importantly, the data used in this study makes it possible to compare changes in AFR between European societies. The countries surveyed represent different family cultural traditions and types of welfare state. Thus, we can examine whether the change in attitudes towards caring for one's own parents has evolved differently in different European societies. This study not only focuses on the differences between countries but also considers the effect of gender and age of the survey respondents, which tend to be among the most important factors related to AFR (Dykstra & Fokkema, 2012; Herlofson et al., 2011; Gans & Silverstein, 2006).

Family culture, types of welfare states, and attitudes towards filial responsibility

Family may be the most important social institution for people across the world. However, its meaning varies between countries, and different family cultures exist. In Europe, it is

customary to divide the south and north. For example, Reher (1998) views Mediterranean countries as societies with strong family status and Northern and Central European countries as societies where the family status is weak and the individual status is strong. In countries with strong family ties, young adults remain in the same household as their parents for a long time until they marry and start their own families. In these countries, much of the social assistance and support is internal, leaving the provision of care for older generations to younger generations, usually daughters or daughters-in-law. In countries with weak family ties, young people become independent at an early age and start living independently of their parents before committing to a relationship and starting a family of their own. Social support and childcare, as well as older adult care, come mainly from public revenue transfers and public or private services.

Reher's (1998) rather simplified model has been criticised. Considering the transfers of social support between generations, in Scandinavian countries, the frequency of social and financial support between generations is even higher than in Mediterranean countries, although their intensity is lower; Central European countries are in the middle ground in this respect (Albertini et al., 2007; Lowenstein & Daatland, 2006; Brandt et al., 2009; Calzada & Brooks, 2013). There are, therefore, differences in family relationships between the south and north of Europe, but the question pertains to the qualitative differences and not the importance of family between the south and north. While the solidarity between generations is similar in both Eastern and Southern Europe, there are country-specific differences within Eastern Europe (Dykstra, 2010).

Previous findings indicate that regional family culture differences in Europe are logically reflected in AFR variation. As a general conclusion, the AFR level can be considered to be highest in Mediterranean countries and Eastern Europe and lowest in Nordic countries (Lowenstein & Daatland, 2006; Daatland & Herlofson, 2003; Dykstra, 2010;

Herlofson et al., 2011; Marckman 2017). However, the results vary depending on the measurement of AFR levels. Regional differences are most evident if the AFR is measured using questions seeking to determine the obligation of younger generations to commit themselves to demanding and intensive care for older people. Individuals in countries with high levels of public services and transfers, such as Nordic countries, are not prepared to commit to strong standards of informal care. However, in Mediterranean and many Eastern European countries, because it is often difficult to obtain public support for coping with caregiving responsibility, it is only natural that the normative pressure to provide informal care increases (Calzada & Brooks, 2013; Marckman, 2017).

Features of family culture are also reflected in family law statutes across various countries. If we examine the legal duty of adult children to care for their older parents in an economic sense, regional variation roughly follows the south–north division in Europe. While there are no such legal obligations in Scandinavian countries, these obligations are enshrined in law in almost all of the rest of Europe. However, the degree of obligations varies (Saraceno & Keck, 2008). The fundamental principle across Europe is that the financial livelihood of older people should be safeguarded through pensions and family law provisions on care, becoming relevant only when the pension is insufficient to cover adequate living. Empirical research on transfers between generations reveals that younger generations, in some cases, provide financial assistance to their parents and grandparents, although the flow of private transfers mainly follows the other direction, with older parents helping their children and grandchildren (Kohli, 1999; Albertini et al., 2007; Hämäläinen & Tanskanen, 2021). In any case, family law provisions may play a role in the persistence of attitudes towards care, and the principles enshrined in law are capable of entrenching prevailing practices. In Northern European countries, where children do not have a legal obligation to take care of their older parents financially, an attitudinal change from traditional family obligations towards

individual rights is probably more likely than in countries where the obligation to provide care is enshrined in law (Fokkema et al., 2008).

The differences in European family cultures between the south, north, east, and west of the continent may be levelling out because all societies are changing from collectivism to individualism (Santos et al., 2017). In cultures that emphasise collectivism, the family, other nearby communities, or the nation define the status and behaviour of people. In individualistic cultures, on the other hand, people are autonomous and relatively independent of communal norms. Individualistic cultures prioritise the individual's own goals and aspirations. (Triandis, 2001; Hui and Triandis, 1986) The development of individualism is believed to be connected to the economic and social advancements of societies. Individualisation is promoted, for example, by the development of the level of education, entry of women into the labour market, transition to white-collar professions, urbanisation and, in general, progress called 'modernisation'. The societies of Northern and Western Europe and North America have advanced furthest in the process of individualisation, although individualisation seems to be spreading globally (Santos et al., 2017; Inglehard & Baker, 2000).

The literature also includes analyses on the specific process of institutional individualisation (Frericks & Höppner, 2016; Ranchi & Pavolini, 2015). Here, the welfare state plays an important role by guaranteeing the fulfilment of individual social rights, which may include, for example, the provision of an adequate basic livelihood and care for older adults. European countries differ in their implementation of welfare policies through various models or regimes (Esping-Anderson, 1990, Arts & Gelissen, 2002; Anttonen & Sipilä, 1996). For example, the responsibilities of public services and families vary in terms of caring for children and older adults. However, European societies, with the help of the European Union, have sought to harmonise their social policies so that fundamental social

rights are achieved on a somewhat equal footing across the member states. For example, quality and long-term care for older adults is mentioned in EU documents as one fundamental right that should be guaranteed in all member states (EC 2021).

If we assume that the scope and quality of public services for older adults are converging in Europe, what does this mean in relation to AFR? According to some estimates, the expansion of public and universal welfare services means defamilisation, as the responsibility for caring for children and parents is increasingly transferred from families to public institutions. Such a development is thought to be destructive in terms of intergenerational solidarity. The crowding out hypothesis assumes that strong norms of intergenerational responsibilities become unnecessary in strong welfare states, which can reduce social support between relatives (Albertini et al., 2007; Ganjour & Widmer, 2016). However, empirical research results reveal a more diverse picture of the relationship between public welfare services and family solidarity. In their study examining family solidarity between older adults and their adult children in various welfare states, Daatland and Lowenstein (2005) found that while comprehensive welfare services in no way reduced solidarity, its quality changed. Good public services increase the independence of both the giver and the recipient of help and provide an opportunity for voluntary intergenerational interactions. Similarly, Brandt (2013) found that in Northern Europe, where access to public social and health services is good, social support and help between children and parents are more common than in Southern European countries, where the level of public services is relatively low. Simultaneously, however, the support in Southern Europe is more intensive and more binding on the parties than in the Nordic countries. Thus, good public services and informal social support complement rather than exclude each other.

However, it is noteworthy that the goals set in the European Union for harmonising long-term care for older adults are still a long way off. Recent observations on the level of

long-term care and home care for older adults in different countries show a considerable variation between European countries—the most extensive public services are generally still found in Northern European countries, while the scarcest are found in Southern and Eastern Europe. Central Europe is somewhere between these extremes. It seems that the development of long-term services for older adults has been a complex political process in different countries, with many, sometimes conflicting, goals. The political guidance of both services and pension systems invokes family responsibility (Ranchi & Pavolini, 2015; Frericks & Höppner, 2018). Dykstra and Djundeva (2020) highlight three trends that characterise the development of long-term care for older adults in Europe. The first is re-familisation, which means transferring the responsibility of long-term care to individuals and their families. This can happen either through direct cuts to public services or (in addition) by offering family members financial support for self-care arrangements. Second, we can discuss the generalisation of the marketisation of care, which means that those in need of services buy the service from private service providers, either with public support or partly or entirely with their own funds. Third, Dykstra and Djundeva (2020) mention the dualisation of care, referring to the trend of inequality in services for older adults, with well-off older people being offered high-quality private care services and those with fewer resources relying on declining public services.

Women's entry into the labour market

The employment rate of European women has clearly risen in recent decades due to several social factors related to the effort to promote gender equality (Plantenga et al., 2009).

Another driver is economic: by increasing the employment rate, Europe can increase its productivity and competitiveness in relation to its competitors in the United States, China, and other parts of the world. From the point of view of the present study, the question pertaining to the increase in the employment rate of women is particularly interesting. On the

one hand, women are encouraged to study, acquire a profession, and participate in the labour market more actively. On the other hand, they are expected to shoulder the burden of intergenerational care.

The goals concerning increasing the employment rate of women have clearly been successful. From the point of view of our research, it is especially interesting to examine the development of the employment rate of women approaching retirement age, because these women are mainly expected to take on increasing responsibility for the care of their own parents. According to the labour force statistics of the Organisation for Economic Co-operation and Development (OECD) (Table 1), the labour force participation rate of women aged 55–64 in the European Union rose from 27.6% percent in 2000 to 56.3% in 2020, a difference of almost 30 percentage points on average. From among the countries included in this study, the strongest increase in the labour market participation of women aged 55–64 was recorded in the Czech Republic, Hungary, Germany, and Slovenia, all of which also had a low starting level. Correspondingly, the slowest growth has been in Switzerland, the United Kingdom, and Denmark, where the starting level was already relatively high.

(Table 1 about here)

While women approaching their own retirement age are expected to participate in working life as long as possible, they are also expected to fulfil traditional tasks in households including intergenerational care. Researchers unanimously agree that the main responsibility for the informal care of older adults is still borne by women: wives, daughters, or daughters-in-law (Dykstra & Djundeva, 2020, 332; Hämäläinen & Tanskanen, 2021). The dilemma is growing, especially as we know that when family sizes decrease, there are even fewer potential caregivers in the younger generations, although the number of older adults who need care is increasing simultaneously. We can therefore assume that the willingness of women approaching retirement age to commit to caring for their own parents will decrease.

This is probably also reflected in the attitudes of other people living in the same family circle, of different ages, and at different stages of life.

So, what do we know from previous research about the link between gender and AFR? It would be logical to assume that if women offer more help and support than men to their older adult parents, they would also be more committed to the norm of care than men. However, this may not always be the case. In their comparative study, Herlofson et al. (2011) found that in Norway, the Netherlands, Germany, and France, women were less committed to the filial obligation norm than men. Dykstra and Fokkema (2012) also found that men in the Netherlands were more committed to this norm than women. In addition, Daatland and Herlofson (2003) observed that while men were more committed to filial obligation than women in Norway and England, no difference existed between the genders in Spain and Israel. Finally, in Hungary, Romania, Bulgaria, and Russia, women were observed to be more committed to filial obligation than men. Thus, it seems that women have a more negative attitude than men towards the idea of filial obligation, especially in Northern and Western Europe, where access to welfare services is good and where women's participation in the workforce is more common than in other parts of Europe. It can be assumed that the direction of change in the rest of Europe is similar to what Northern and Western Europe have already experienced in the past, with women being more critical of the commitment to help their parents. However, this probably applies to providing help that places a heavy burden on the helper.

AFR variation by age

How does the respondent's age relate to AFR variation? In previous literature, we can find divergent views on this question (Dykstra & Fokkema 2012). A rather logical assumption may be that the sense of obligation to care for one's own parents is at its highest when parents become dependent on the help of their children. In this case, middle-aged children feel the

need to help their own parents most strongly. A study conducted by Gans and Silverstein (2006) in the United States supports this assumption. However, European studies have produced results that vary from country to country. For example, Dykstra (2010) has reported the results of the Multilink research project on AFR variation in seven European countries—Bulgaria, Romania, Russia, Hungary, France, Germany, and the Netherlands. The study compared the attitudes of 18–54-year-olds and 55–80-year-olds towards the following statement: ‘Children should take responsibility for caring for their parents when their parents are in need’. In all countries except the Netherlands, the oldest respondents were somewhat more positive towards filial responsibility than the younger ones. In the same study, the respondents had to respond to another statement, which is clearly more demanding from the point of view of the care provider: ‘Children should adjust their working lives to the needs of their parents’. This statement was viewed more critically in all countries than the previous one, but the differences between countries and age groups were also more pronounced. In France, Germany, and the Netherlands, all respondents were more critical of this claim than in Hungary, Russia, Bulgaria, and Romania. In the Netherlands, older respondents were clearly more critical of this claim than younger respondents, and the same phenomenon was seen in Germany. In other participating countries, especially in Hungary and Romania, older respondents clearly expected the younger generations to commit themselves to taking care of the older generations rather than creating their own careers. These findings could be related to the availability of public older adult care services and the adequacy of pensions in the studied countries. In developed welfare states, older adults can afford altruism and want to be independent of the immediate help and care provided by younger generations. In less developed welfare states, on the other hand, one has to be realistic: when public services are insufficient, and it is difficult to make a living, the elders have to rely on the help of the younger generations.

It thus seems that the relationship between the respondent's age and AFR is formed in different ways in different societies. Daatland et al. (2012) received confirmation of the assumption that in a developed welfare state such as Norway, AFR support decreases with age. The connection can be considered almost linear, though not quite entirely. For the very oldest age group, the researchers observed a slight increase in AFR support. In any case, at least based on this Norwegian study, we can conclude that in a highly developed welfare state, young people show the greatest solidarity towards older age groups, especially when the help given to older adults is not too binding and does not require, for example, caregivers to give up working life. When one reaches middle age, the thinking becomes perhaps more realistic, when one's own parents reach the age when the need for help is greatest, and the helpers themselves are still actively involved in their careers. In this case, expectations are directed towards public services. Even the oldest age groups who are the target of assistance do not want to be a burden to their children but expect to be entitled to adequate social and health services.

Hypotheses

Based on the existing theories and prior literature in the field, we proposed three hypotheses (H) about the AFR change in Europe in the first two decades of the 21st century. Due to the process of individualisation, which challenges traditional family values, and the considerable increase in the participation of women in the labour force in Europe during the last couple of decades, we predict that:

- H1. The AFR changes in a negative direction, that is, people are increasingly less willing to engage in the informal care of their parents and grandparents.
- H2. Negative change in AFR applies especially to the case of demanding long-term care.
- H3. The AFR change is valid particularly among middle-aged women and women approaching retirement age, to whom the care obligation has traditionally been applied.

However, family traditions still have varying importance in different parts of Europe. The differences in family traditions are also strongly reflected in social policy measures aimed at providing long-term care for older adults at home and in institutions. We assume that:

H4. In countries where investments have been made in public long-term care for older adults, people's willingness to commit to the huge responsibility of caring for their own parents will decrease more than in countries with a lower level of public investments in long-term-care.

Data and methods

The study data were derived from the International Social Survey Programme (ISSP) Social Networks module surveys entitled 'Social Relations and Support Systems' conducted in 2001 and 'Social Networks and Social Resources' conducted in 2017. Both surveys were based on representative samples of the population aged 18 and over. For more detailed information on the ISSP studies, see Sapin et al. (2020), Hadler et al. (2020), and the ISSP website (<http://www.issp.org>).

The countries that participated in both these study waves and that were also member countries of the European Union in 2017 were selected for this study. They were Austria, Czech Republic, Denmark, Finland, France, Germany, Hungary, Slovenia, Spain, Switzerland, and the United Kingdom. The total number of respondents from these countries was 13,348 (2001) and 14,396 (2017). In both surveys, respondents were asked a question that is considered to measure the level of AFR in this study: 'To what extent do you agree or disagree with the following statements? Adult children have a duty to look after their older adult parents?' The response options were: (1) strongly agree, (2) agree, (3) neither agree nor disagree, (4) disagree, and (5) strongly disagree. For this study, a reverse scale was used, meaning that a high score implied positive attitudes towards the claim and vice versa.

AFR variation was analysed as averages according to the year of the survey and the respondent's country of residence, age group (by ten-year age groups), and gender. Group-specific confidence intervals were calculated for the average values with a t-test; the results are mainly presented as figures.

Results

We began the analyses by calculating the AFR averages by country for both study years. The results are summarised in Table 2. The countries are arranged in the table according to the amount of the change. First, we found that, with the exception of Great Britain, where the AFR has changed in a positive direction, in all the other countries, the AFR has changed in a negative direction, with the change being statistically significant. The negative change is strongest in Hungary and mildest in the Czech Republic.

(Table 2 and Figure 1 about here)

Next, we grouped the countries where the AFR has changed in a negative direction according to the starting level of the attitudes and the magnitude of the change (Figure 1), obtaining five groups. Hungary and France had fairly high AFR in 2001, but the negative change has been quite substantial. The second group included both Nordic countries, Denmark and Finland. Although their AFR was initially low, the change in the negative direction equalled that of Hungary and France. The third group included Switzerland, Spain, Germany, and Slovenia, where the starting level of AFR was average or slightly higher than the other countries, and the change in the negative direction was moderate. Austria is the only country where the initial level of AFR in 2001 was clearly low, and the change was minor. However, the Czech Republic, stands out from other countries with a high AFR starting level and minor change.

Before more detailed country-specific investigations, we examined the change according to the respondent's gender and age (Figure 2) in all 11 countries. At first, we

examined the relationship between age and AFR, which seems to form a U-curve in both years under review and for both genders: AFR is highest in young respondents, decreases in middle age, and rises again in older age groups. Middle-aged women are somewhat more critical of the duty of care than men of the same age. When we examined the change in attitudes between 2001 and 2017, we noticed, first of all, that for men, the AFR has become negative fairly uniformly in all age groups. For women, however, this change was observed in the oldest age groups, especially those aged 55–64, but clearly also among those over 65.

(Figure 2 about here)

Next, we analysed the results by country. First, we discussed Hungary and France, which had a high baseline and exhibited strong change (Figure 3). In 2001, both Hungarian men and women were strongly in favour of the duty of care, and the middle-aged were somewhat more critical than other age groups. The change in attitudes seems to have occurred in both sexes and all age groups, although it is even more pronounced for men than women. The change is slightly stronger in the oldest age groups than in the younger ones. This has changed the U-curve between age and attitudes in the direction of a linearly decreasing association. In the case of France, we noticed that even in 2001, the relationship between age and AFR was linearly increasing—positive attitudes became stronger as the respondent aged. The change occurred especially in the attitudes of the oldest respondents, both men and women.

In Denmark and Finland, the relationship between age and AFR was linearly decreasing in 2001 (i.e., exactly the opposite of France) (Figure 4). We noticed that, in Denmark, the AFR of both young men and women has clearly changed in a more negative direction than before. This also applies to young Finnish men. In Finland, especially women over 55 are even more critical of the duty of care. In both countries, the positive attitudes towards the duty of care seems to decrease as the respondents age, which is probably

reflective of the fact that older adults in these countries are used to living independently and, when necessary, expectations of public services for older adults are high.

(Figures 3 and 4 about here)

The next group consists of four countries with an average baseline and moderate change (Figure 5). These include Switzerland, Germany, Spain, and Slovenia. A common feature was that changing attitudes particularly apply to middle-aged or older women. German and Swiss women aged 55–64 are almost as critical of the care norm in 2017 as their Danish and Finnish peers. Moreover, we found that, in 2001, in three countries, the link between age and AFR constitutes a U-curve, with the exception of Spain, whose situation bears a distinct resemblance to France (i.e., the link is mainly linearly ascendant). Even in 2017, the oldest age group still seems to be waiting for care from younger age groups in all these countries. In this respect, the difference compared with the Nordic countries seems clear.

The remaining three countries are unique cases (see Figures 6, 7, and 8). In 2001, the norm of filial responsibility was very favourably welcomed in the Czech Republic, regardless of the respondent's age and gender, and little change was noticed in 2017. Only the attitudes of women in the oldest age groups seem to have changed somewhat in a more critical direction; in this sense, the results reflected the findings from many other countries. Austria was very similar to the Nordic countries in 2001: the AFR norm is quite critical and decreased by age in both sexes. The change between 2001 and 2017 occurred mostly in a group of young men who were more critical of the filial responsibility norm.

(Figures 5 to 8 about here)

Great Britain differs from other countries in that the AFR changed positively between 2001 and 2017. The change was most evident among women aged 35–44, but a similar change was also reflected among men of the same age. It is also noteworthy that the

relationship between the respondent's age and the AFR is similar to that in the Nordic countries for both years under review, especially for women: with age, the AFR becomes increasingly negative. In this respect, there has been no change in Great Britain between 2001 and 2017.

Discussion and conclusions

This study aimed to examine the levels of AFR in 11 European countries between 2001 and 2017 by respondents' gender and age. The main finding was that in 2017 the level of AFR was more negative than in 2001 in 10 countries. Generally speaking, this change seems to apply to both sexes and all age groups. Most drastically, however, the change concerns those who have traditionally borne the greatest responsibility in caring for their ageing parents, namely women in late middle age. However, the results varied slightly from one country to another, and clear distinctions about the country-by-country variation of AFR change could not be made.

It is possible to highlight some social processes likely to affect AFR change. First, they include differences in family cultures in various European countries and the changes occurring here. The transformation of family cultures is promoted by increasing individualism, underpinned by economic development and the general process of modernisation. Many phenomena are associated with this process, such as the increase in divorces and the emergence of new family forms. Perhaps the most important change affecting the family unit, however, relates to the improved position of women in the labour market. In this respect, the change in Europe over the past couple of decades has been downright dramatic, with developments unlikely to change its course. From the perspective of AFR development, this obviously means that even if individuals were willing to care for their older adult parents, the practical possibilities of shouldering the burdensome care obligation are becoming increasingly limited. In this sense, the results now obtained,

especially for middle-aged women, settle into their logical connection. Furthermore, it must be remembered that the normative obligations imposed on the so-called Sandwich Generation extend not only to their parents but also to their children and grandchildren (Hämäläinen and Tanskanen 2021). Due to demographic changes, a larger proportion of late middle-aged women have old parents as well as small grandchildren.

Second, we address the role of the welfare state in the livelihood and care of older adults. Previous research has shown that the modernisation process is taken into account in different countries in very different ways in developing welfare state systems (Ranchi & Pavolini, 2015; Frericks & Höppner, 2018; Dykstra & Djundeva, 2020). In many countries, welfare systems are still very family-oriented, with the assumption that the younger generations (in practice, women) are ultimately responsible for taking care of their parents. Norms regarding care are still prevalent in many societies with a traditional family culture. While there may be traditional attitudes about gender roles or fears of forgetting or even abandoning older adults, comparative studies show that in countries where pension coverage and well-established, efficient public services for older adults, communication and interaction between relatives actually works better than in countries where care is left to the family (Dykstra, 2018; Lowenstein & Daatland, 2006). Well-functioning welfare state systems create the basis for an independent life for both older adults and their children. Interaction is at its best when it is voluntary, not dictated by compulsion. This study also revealed that in countries with strong welfare states such as Denmark and Finland, even the oldest respondents—potential recipients of aid—were critical of the idea of their children's obligation to organise their care.

Perhaps the most surprising finding from the present study pertains to Great Britain, which was the only country where AFR was higher in 2017 than in 2001. This change was particularly true for women in early middle age. Crawford et al. (2021) found that, in

England, local government funding for long-term adult care (commonly referred to as adult social care) was cut significantly in the 2010s. Based on the calculations by these authors, per capita long-term care spending on individuals aged over 65 fell by 31% over the eight years between 2009/2010 and 2017/2018 (see also Fernandez et al., 2013). In practice, the cuts were specifically targeted at community-based care, which is domiciliary care provided in the recipient's home. The spending cuts did not seem to target older adults in institutional care. These cuts were implemented by tightening means-testing standards and raising income limits, leaving a significant proportion of home care customers without support. Crowford et al. (2021) further found that reductions in public long-term care spending led to a substantial increase in emergency department visits made by patients aged 65 and above.

In addition, Zigante et al. (2021) analysed the effect of reducing long-term care on the level of informal care in England, finding that 'the reduction in publicly-funded formal care provision was associated particularly with significant increases in high-intensity informal care provision'. This seems to indicate that as formal support decreases, close relatives of older adults are forced to increase informal support. Perhaps this is also why we noticed that the AFR changed positively in Great Britain. When help from society decreases, necessity turns into virtue.

The present study has several strengths. First of all, because it compared 11 countries, we can observe the development of AFR in several different European societies. Second, we have examined changes in attitudes between 2001 and 2017, a time when the ageing process of European societies strongly progressed, and we were able to detect some important differences among countries. Third, we have performed analyses based on both gender and age groups, which have rarely been done. These analyses revealed that the changes in AFR tend to be most prevalent among middle-aged women.

Of course, the present research also has its limitations. As the results are based on a comparison of two time points, a possible generational effect may be overlooked. In addition, AFR was measured with only one question. It is possible that the studied attitudes have different dimensions that one question does not entirely cover. Studies that have used several items to measure AFR have taken into account the intensity of social support provided. In general, people are ready to commit most easily to producing and receiving help that does not create too much interdependence between the parties. However, when AFR is measured using several items (Gans & Silverstein, 2006: 966; Dykstra & Fokkema, 2012: 105; Wang et al., 2021: 8), correlations between items have been quite high, indicating that the one-question measure we used in this study may accurately describe the AFR change in different countries and population groups. However, further studies that use more AFR measures should use a sum variable consisting of several items as the dependent variable. Finally, further studies should analyse data with age, period, and cohort effects separated from each other.

As the European population ages, all European countries seek political solutions to organise long-term care for older adults. Many proposals aim to entrust care responsibility to younger generations. Several research findings support the idea that the younger generations want to participate in the care of their parents and grandparents in the future. However, the kind of care that people are ready to commit to and the kind of division of labour that is desired among family, public service, and market-based solutions must be determined through a comprehensive study.

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Table 1. Labour force participation rate of women 55-64 years old in 2000 and 2020 in some European countries.

	Labour force participation rate, women 55-64 years old, Year 2000	Labour force participation rate, women 55-64 years old, Year 2020	Change
Czech Republic	23,7	62,8	+39,1
Hungary	13,3	50,6	+37,3
Germany	33,5	70,1	+36,6
Slovenia	14,1	48,5	+34,4
Spain	22,6	55,7	+33,0
Austria	17,6	48,8	+31,1
European Union 27	27,6	56,3	+28,6
Finland	45,2	73,5	+28,3
France	27,9	54,9	+27,0
Denmark	48,9	70,1	+21,2
United Kingdom	43,1	63,0	+19,9
Switzerland	51,3	70,0	+18,7
OECD countries	38,3	55,2	+17,0
Source: OECD			

Table 2. Attitude towards filial responsibility, means by country and study year.

Country	Attitude towards filial responsibility 2001	Attitude towards filial responsibility 2017	Change	T-test Sig.
Hungary	4,16	3,76	-0,4	< 0.001
Finland	3,56	3,23	-0,33	< 0.001
France	4,16	3,84	-0,32	< 0.001
Denmark	3,21	2,89	-0,32	< 0.001
Switzerland	3,89	3,62	-0,27	< 0.001
Germany	3,71	3,47	-0,24	< 0.001
Spain	3,98	3,75	-0,23	< 0.001
Slovenia	3,96	3,78	-0,18	< 0.001
Austria	3,39	3,22	-0,17	< 0.001
Czech Republic	4,05	3,94	-0,11	= 0.001
Great Britain	3,29	3,47	0,18	< 0.001

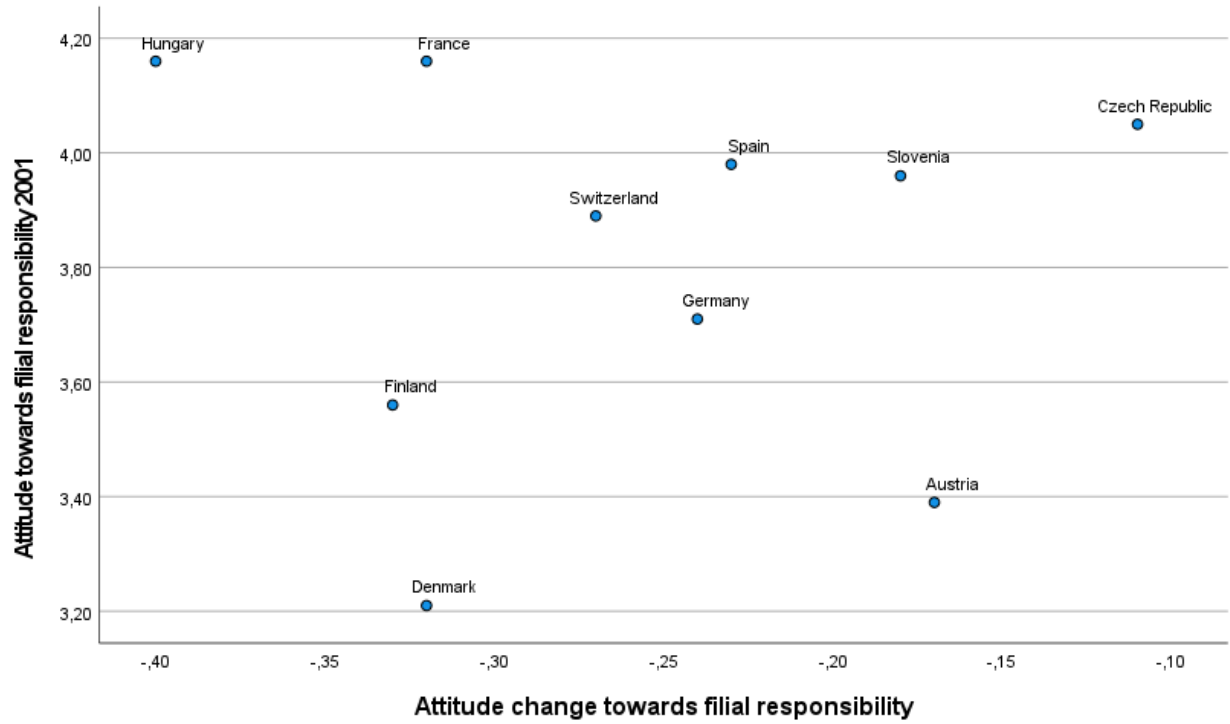


Figure 1. Level of AFR in 2001 and change of AFR between 2001 and 2017.

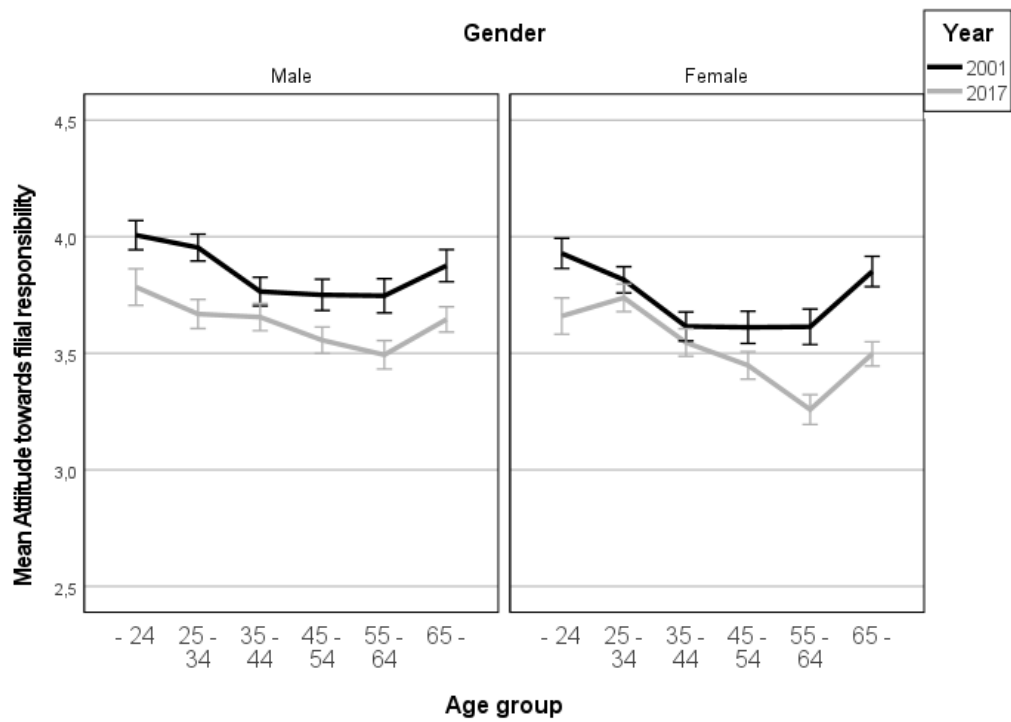


Figure 2. AFR by the study year, gender and age of the respondents: all 11 countries. Error bars: 95 % CI.

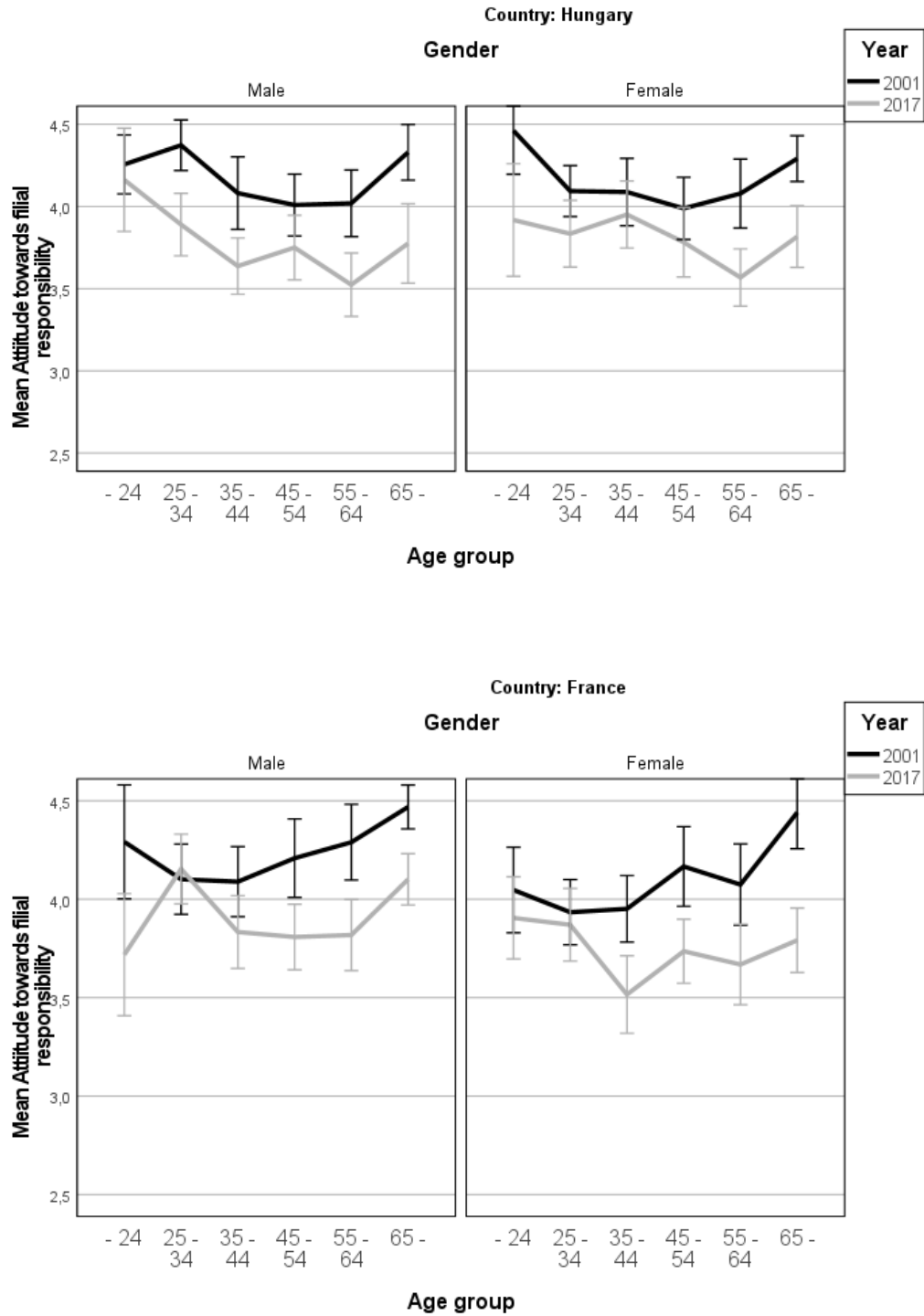


Figure 3. AFR by the study year, gender and age of the respondents: Hungary and France. Error bars: 95 % CI.

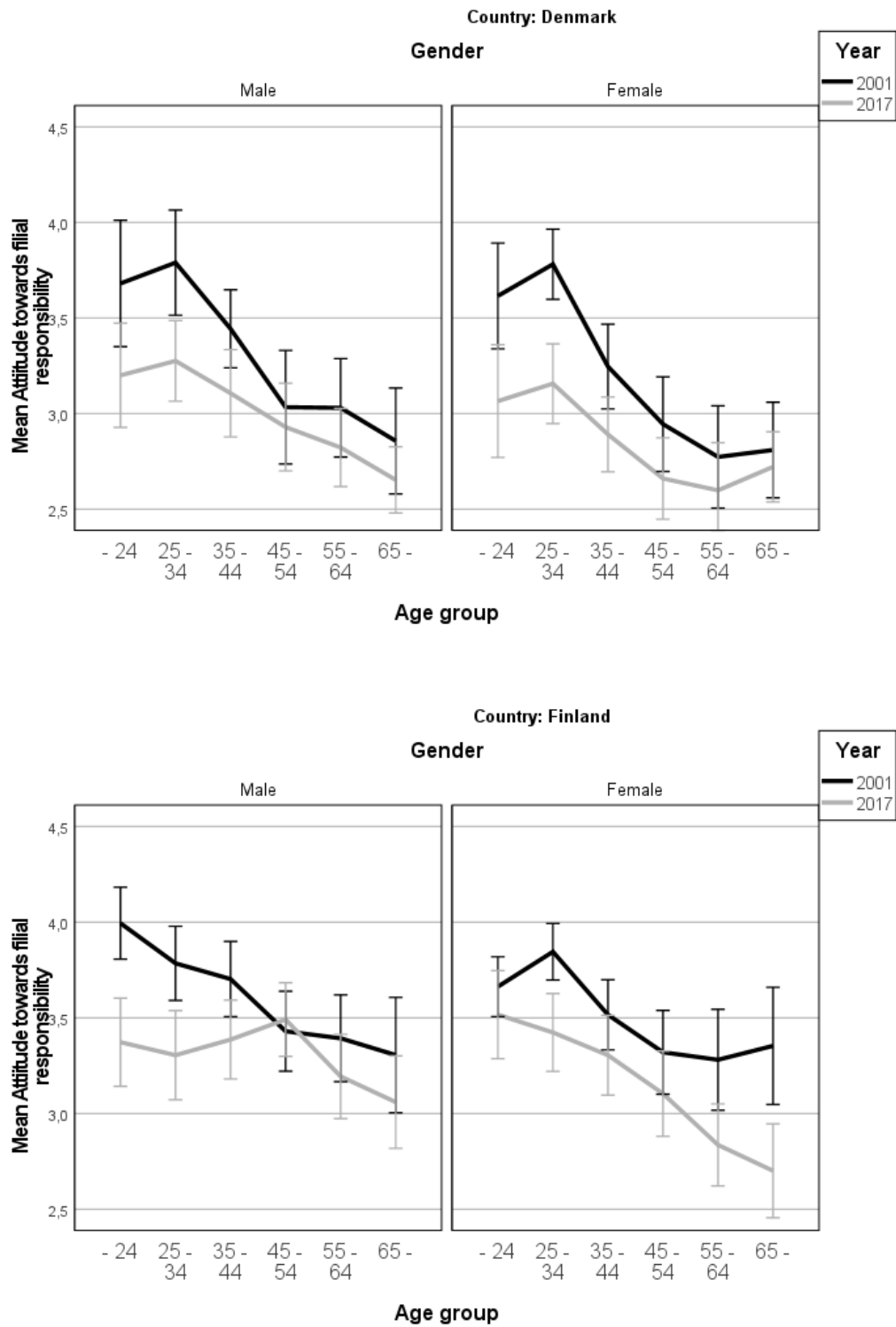
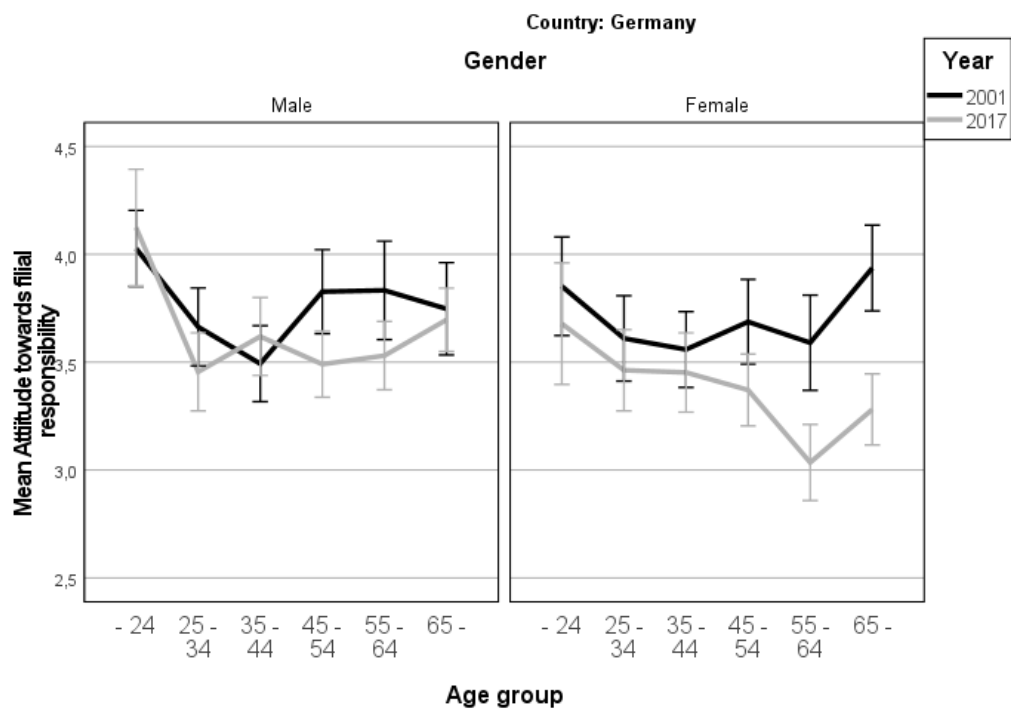
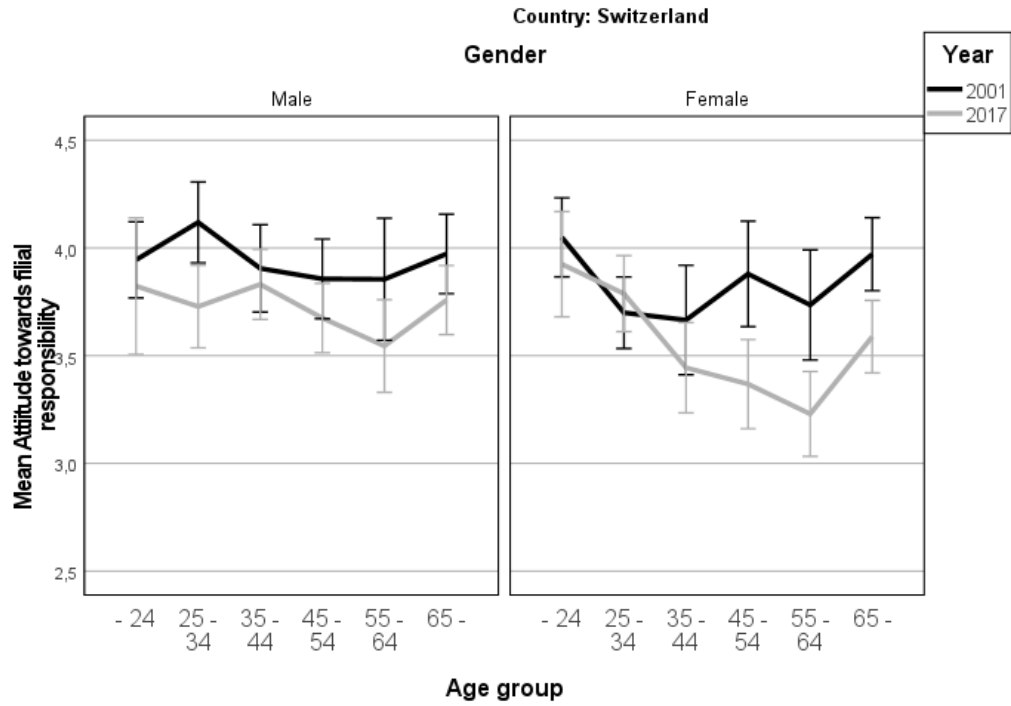


Figure 4. AFR by the study year, gender and age of the respondents: Denmark and Finland. Error bars: 95 % CI.



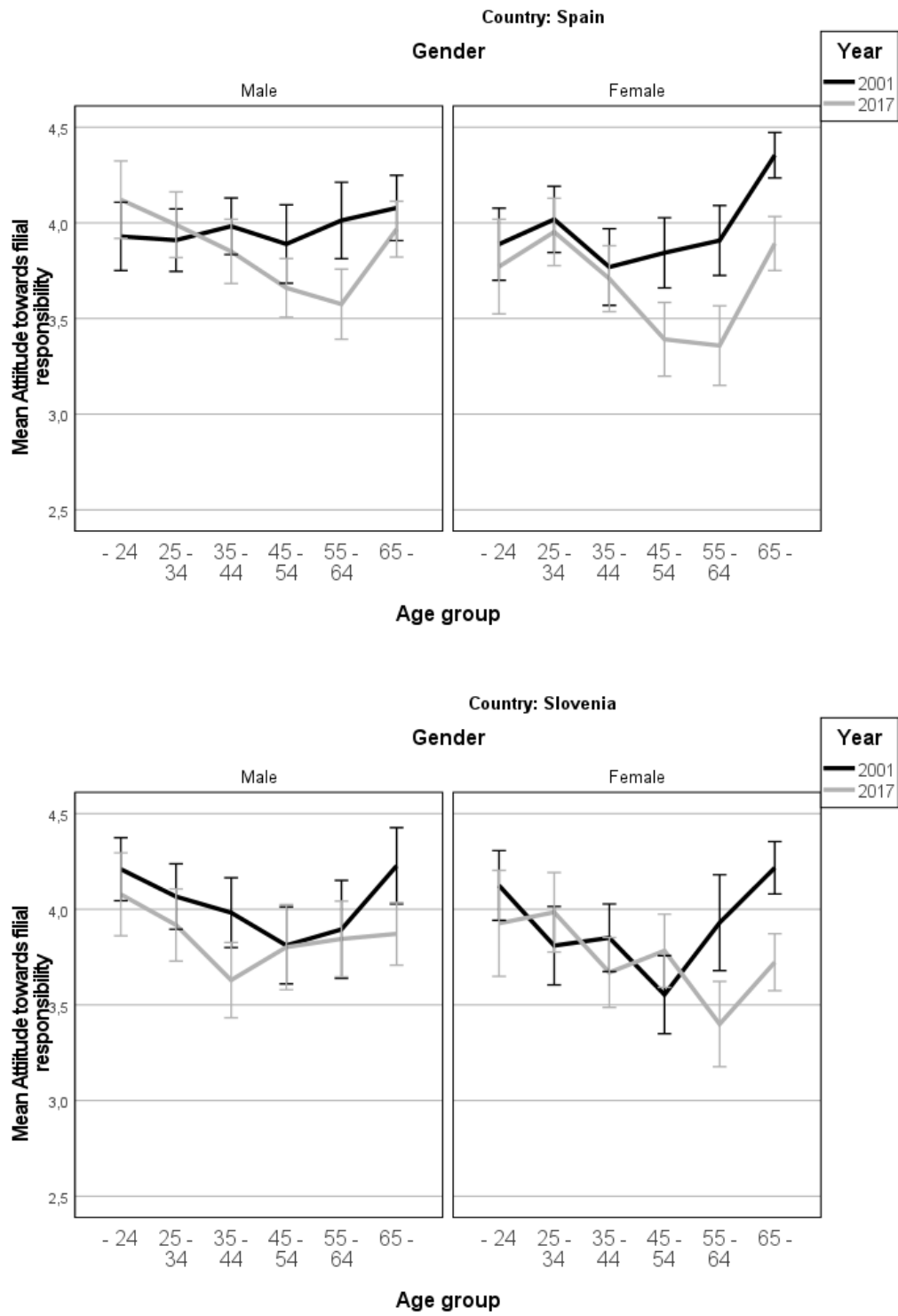


Figure 5. AFR by the study year, gender and age of the respondents: Switzerland, Germany, Spain and Slovenia. Error bars: 95 % CI.

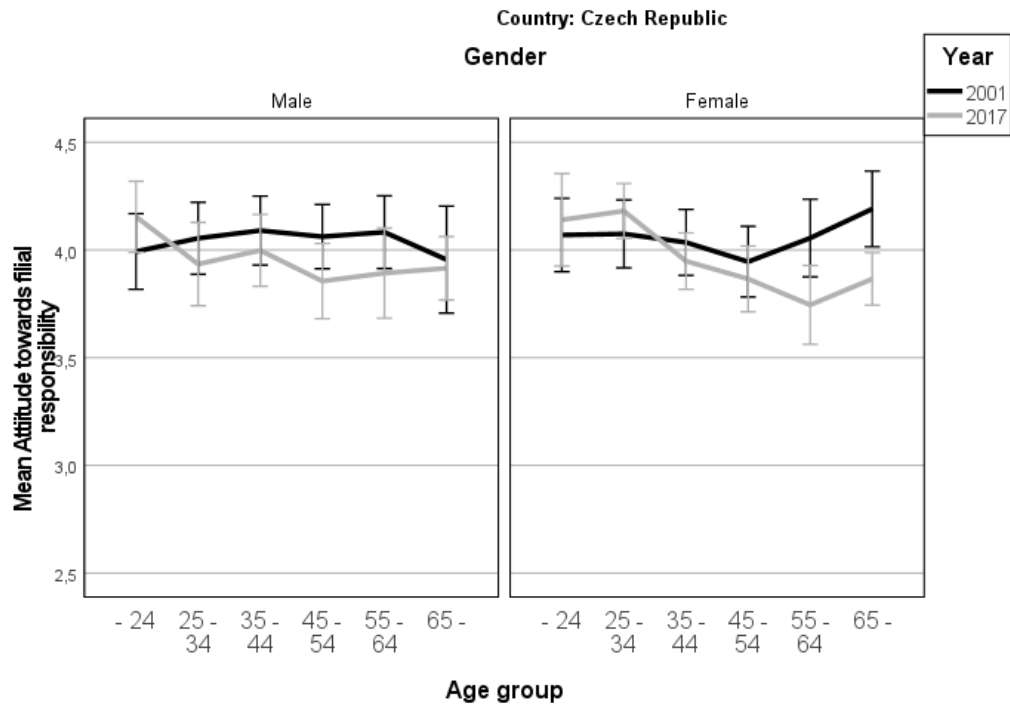


Figure 6. AFR by the study year, gender and age of the respondents: Czech Republic. Error bars: 95 % CI.

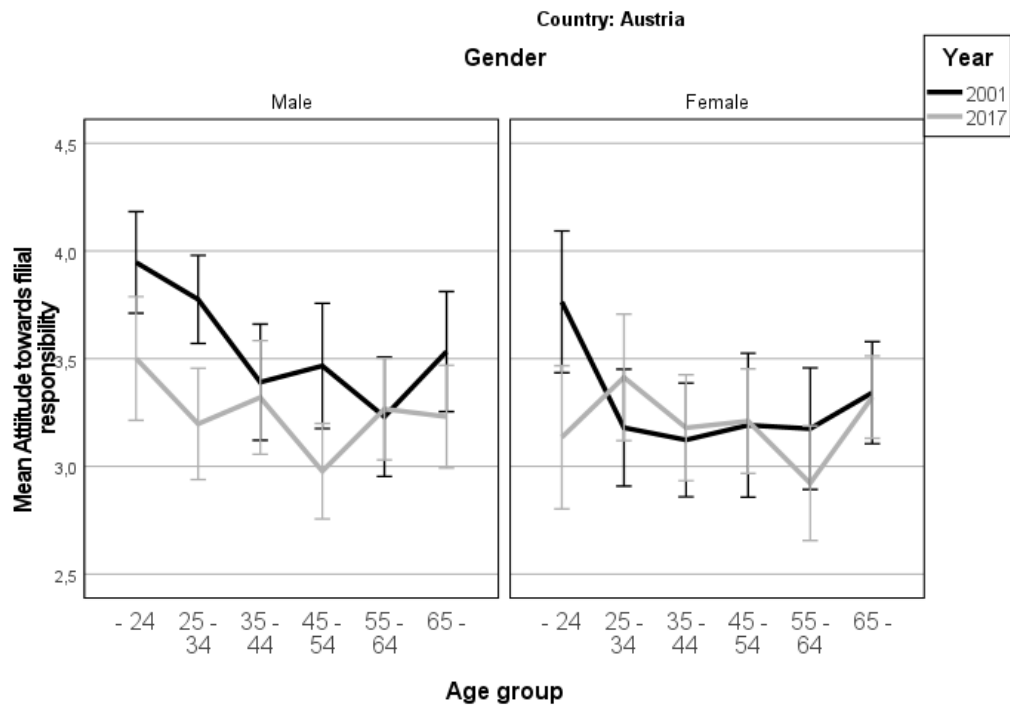


Figure 7. AFR by the study year, gender and age of the respondents: Austria. Error bars: 95 % CI.

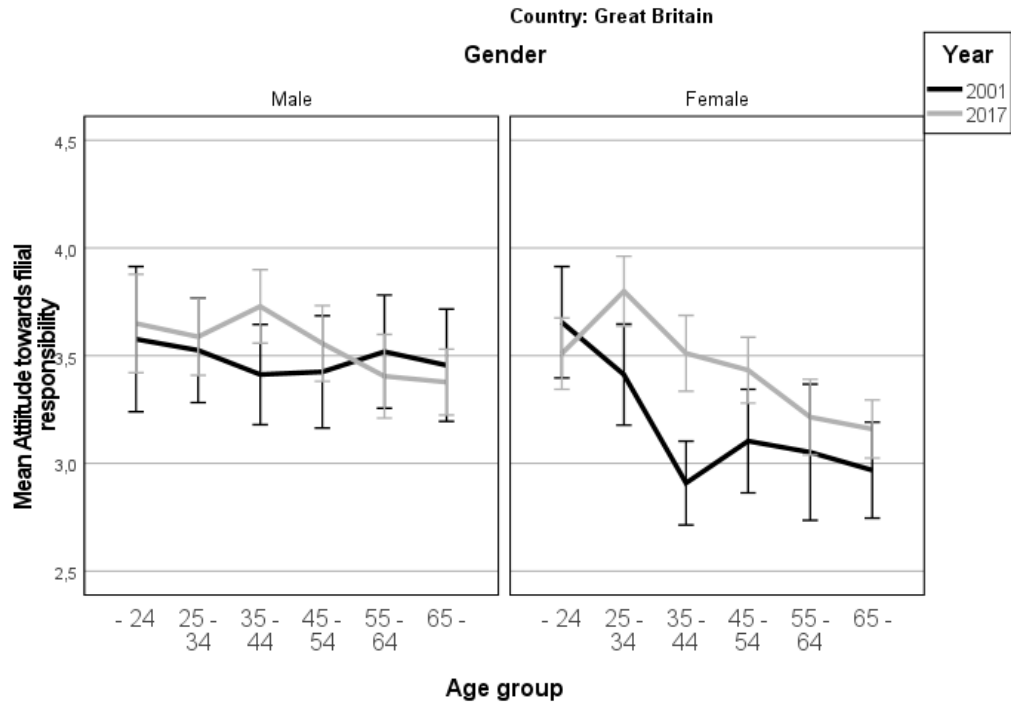


Figure 8. AFR by the study year, gender and age of the respondents: Great Britain. Error bars: 95 % CI.