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# Attitudes towards elderly care among older and younger Finns

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## Abstract

In this study, we investigated public opinions towards elderly care using nationally representative data collected in Finland in 2012. Respondents represent an older generation (born between 1945 and 1950,  $n = 1,959$ ) and their adult children (born between 1962 and 1993,  $n = 1,652$ ). We analysed respondents' opinions towards financial support, practical help and care for elderly people. We found that older adults were more likely than younger adults to report that financial support towards elderly people should come from the state rather than family. However, similar differences between generations were not found in reports relating to practical help and care. Similar results were found when only parent-child dyads ( $n = 779$ ) were included. We also found that several socioeconomic and family-related variables were associated with public opinions of elderly care in both generations. The results are discussed in the context of self-interest perspective.

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# Introduction

Population ageing is currently the most important demographic trend in developed Western countries and is occurring most rapidly in Finland (OECD, 2016). Population ageing challenges welfare states in several ways. In ageing societies, the number of retirees per employee as well as the costs of social and health care services are increasing, leading to problems associated with welfare costs (Pierson, 2001; Gilbert, 2002). One current important question is whether citizens believe that the state should provide support for elderly individuals (even if it means increasing taxes) or that the responsibility should be shifted towards the private sector, especially towards families. Public support towards family or state responsibilities is an important component of welfare state legitimacy (Sihvo and Uusitalo, 1995; Van Oorschot and Meuleman, 2012; Roosma et al., 2013), making it a critical social policy issue.

Traditionally, the family has been the main institution that has provided practical help, financial support and care for the elderly. A long-term trend of welfare state development in the Western world has shifted these responsibilities from the family to the state (Esping-Andersen, 1990; Anttonen and Häikiö, 2011). In particular, in Nordic welfare states, governments currently frequently provide important support and services for the elderly. However, in the present era of retracting welfare state services, there are growing demands to increase the responsibility of the private sector and families (Blomgren et al., 2006; Anttonen and Häikiö, 2011; Van Aerschot, 2014). In practice, this means that family responsibilities towards the elderly may become as common as they were at the beginning of the 20th century (Gilbert, 2002; Van Aerschot, 2014).

Using data from Finland, we investigate public opinions concerning the question regarding whether the family or the state should bear primary responsibility for elderly care, financial support and practical help. We analyse public opinions of two generations, namely the Finnish Baby Boomers (born between 1945 and 1950) and their adult children (born between 1963 and 1993). In this article, generations are studied, rather than the family, as societal generations (see Kohli, 2006 and Kohli & Szydlik, 2000 for a discussion). In the case of elderly care, these two generations are in a central position, as baby boomers are the ones whose ageing may cause social and economic challenges in welfare states. If the responsibilities for elderly people are transferred

from the state to families, Baby Boomers' children are the ones who most likely will have to take care of the Baby Boomers (i.e., their parents). Thus, it is important to investigate whether these two generations support public or family responsibilities in the case of elderly care or whether there are clear differences between these groups.

## **Public and informal support of elderly individuals in Finland**

The empirical data for this study comes from Finland, a Nordic welfare state characterized by relatively generous benefits for elderly people. Public spending on pensions as a percentage of the gross domestic product in Finland is approximately 10.3%, which is above the OECD (2014) average (7.9%). In addition to pensions, the Finnish state supports elderly people in numerous other ways, including monetary and non-monetary benefits. In Finland, health care and social services are financed with tax money and guaranteed for all citizens at no charge or with minimal costs. Moreover, low-income people can receive housing allowances to cover their housing costs. Furthermore, elderly people can receive various publicly provided home services, specifically meals delivered to their home, house cleaning services and some medical treatments. Because the Finnish state supports elderly people in many ways, there is less of a need for informal support compared to countries in which publicly provided benefits and services are scarce.

In Finland as well as other Nordic welfare states, adult children have no legal obligations towards their elderly parents (Millar and Warman, 1996; Saraceno and Keck, 2008). Moreover, in Finland, adult children rarely live in the same household as their parents. Despite these facts, a high number of adult children provide informal support to their parents. In 2012, approximately 69% of Finnish Baby Boomers (born between 1945 and 1950) reported that they had received practical assistance from their adult children and 68% of them reported that they had given practical assistance to their elderly parents during the last year (Danielsbacka et al., 2013). In contrast, cash transfers from members of the younger generation to members of older ones are extremely rare. Only 4% of Finnish Baby Boomers reported that they received money from their adult children and 7% reported that they had given financial assistance to their elderly parents (ibid). At the time of the interviews, the Baby Boomers were between 62 and 67 years of age and did not yet need personal care. However, 48% of

Baby Boomers reported that they had given personal care to their elderly parents (ibid). These Finnish results are in line with previous findings reporting extensive practical but not monetary support to parents on the part of adult children in Nordic welfare states (for example, Fokkema et al., 2008).

Support for the welfare state and income redistribution has been widespread in Finland compared to many other European countries (Jakobsen, 2011, 328; Schöneck and Mau, 2015, 458). Further, public benefits and services for the elderly are widely supported in Finland and other Western countries (for example, Blekesaune and Quadagno, 2003; Svallfors, 2008; Tanskanen and Danielsbacka, 2009; Roosma et al., 2014), probably due to issues related to welfare deservingness and personal interests (Kangas, 1997; van Oorschot, 2000). The difference in attitudes across welfare states becomes visible when the role of informal care is the focus. The role of the family is greater in southern and continental Europe, while informal care is not widely supported in Finland, partially because of the extensive Nordic welfare state institution (for example, Daatland and Herlofson, 2003; Fokkema et al., 2008; Danielsbacka et al., 2013). The citizens in Finland believe that the state should be the primary source of care and financial support (Tanskanen and Danielsbacka, 2009). This might be related to the conservative nature of public opinions, meaning that pre-existing institutions are more strongly supported than new ideas concerning organizing and producing welfare services and benefits (Forma, 1999; Kallio, 2010).

However, Finnish elderly care is constantly changing. Publicly provided home services have become scarcer in recent decades. At the same time, the amount of institutional care organized by the public sector has decreased markedly. As a result of these two phenomena and population aging, public home services are currently directed towards the oldest individuals whose health is poorest (Vaarama et al., 2006; van Aerschot, 2014). This change has increased the caring role of the family and other informal actors. In addition, part of the responsibility for care has shifted from public to private markets, which has made elderly people more like consumers than citizens of a welfare state (Bettio and Verashchagina, 2010; Anttonen and Häikiö, 2011). In other words, there are ideological and institutional changes associated with collective responsibility and universalism towards individualism and selectivism in the Finnish welfare state (Koskiahio, 2008; Kuivalainen and Niemelä 2010). All of these factors can impact the general public's attitudes towards elderly care.

Because of these institutional and ideological changes associated with elderly care in Finland, we need more up-to-date information on attitudes relating to private actors' such as families' role (Koskiahho, 2008; Anttonen and Häikiö, 2011). These changes may have two attitudinal consequences. First, because of the conservative nature of opinions, changes can produce protests such as critical views of the family's responsibility for elderly support (see Kallio, 2010). Second, it is possible that these institutional and ideological changes precede changes in attitudes towards more positive views concerning family and private responsibility because people may have adjusted to the new state of elderly care.

## **Theoretical framework**

In the previous research, social policy attitudes have been studied by measuring support of the welfare state and redistribution (Gelissen, 2001; Jaeger, 2006; Blekesaune, 2009; Jaeger, 2013) or using more detailed indicators of concrete policy alternatives (Svallfors, 2008; Muuri, 2010; Missinne et al., 2013). These general and abstract opinions about the state's responsibility are determined mainly by ideology and social values (Kangas, 1997; Blekesaune and Quadagno, 2003). Instead, individuals' concrete opinions are related more closely to everyday interests, preferences and experiences (for example, Muuri, 2010). In other words, the level of generality matters. General survey questions make individuals more consistent in their responses, while more precise questions appeal to the more selfish ego (for example, Kangas, 1997). In this article, we focus on concrete attitudes regarding intergenerational relations and elderly care and, thus, formulate several hypotheses based on the self-interest perspective.

The self-interest perspective predicts that people who can benefit from publicly provided services and income transfers or are at risk of becoming dependent on the public provision of welfare services are more likely to be supporters of the welfare state compared to people who are not in those positions (Kangas, 1997; Jaeger, 2006; Muuri, 2010). Moreover, in the context of family relations, one may predict that individuals who have the highest risk of ending up as a caregiver of a family member also are more likely than others to support publicly provided services instead of family responsibilities. In the present study, we investigate multiple self-interest indicators that are likely to be related to self-interest at a general level (for example, gender and

generation) as well as those that are more closely related to everyday demands and opportunities (for example, the financial situation, labour market position, perceived health and parenthood status).

Based on the self-interest perspective, people tend to support the state's responsibility for providing benefits and services that benefit them either directly or indirectly. Therefore, elderly people can be more positive towards state responsibility in care and pensions than others (Blekesaune, 2007; Baslevent and Kirmanoglu, 2011; Sang-Hoon and Soo-Wan, 2014). According to Van Aerschot (2014), elderly people often receive help from their family but hope that if their needs become demanding, they can obtain assistance through public services in Finland. In other words, the wish for independence and concerns about being a burden prevent elderly people from leaning on their children (Daatland and Herlofson, 2003). Therefore, members of younger generations could be more eager to support informal care offered by family members than elderly people themselves (Daatland and Herlofson, 2003). In contrast, according to the self-interest perspective, one may assume that the younger generation is more likely than the older one to support formal help over informal help, as younger adults often are the ones who should take care of their elderly parents if the state does not take care of them.

Previous studies have shown that women are more critical towards family obligations and more positive towards welfare state provision of elderly and health care arrangements compared to men (Logan and Spitze, 1995; Blekesaune, 2007; Daatland et al., 2012; Missinne et al., 2013). Women, in particular, may support state responsibility because it loosens their double burden as both a labour market participant and a caregiver. Self-interest may also be connected to the fact that women tend to live longer than men and, therefore, will need more services in old age.

Based on the self-interest perspective, in the case of younger and older generations, the socioeconomic status of an individual is likely to be associated with attitudes regarding the way that people with lower socioeconomic status support more public services and transfers compared to their counterparts with higher socioeconomic status. Previous studies indicate that those who are satisfied with their own financial situation tend to prefer family responsibility, whereas those who are less satisfied prefer state responsibility (for example, Blekesaune, 2007; Sumino, 2014). In addition, people with a low income are more in favour of public healthcare arrangements than those with a

high income (Missinne et al., 2013, 239). Moreover, based on a previous investigation, more highly educated older adults are more critical of ascending formal support compared to older adults with less education (Dykstra and Fokkema, 2011). It is possible that individuals in high socioeconomic positions have more opportunities to seek help from the private sector than others (Van Aerschot, 2014). They are also identified more often as payers for public services through taxes. Therefore, individuals with high socioeconomic status may support public care arrangements to a less extent than others.

Those who are not working (for example, unemployed and old-age pensioners) are more likely to prefer public income transfers and welfare policies for the elderly provided by the state than others (Gelissen, 2001; Blekesaune and Quadagno, 2003). This is in line with the self-interest perspective because unemployed people often have fewer resources to help the elderly and old-age pensioners have a direct interest in financial transfers and care organized by the state. Those who perceive their health as poor are found to argue more frequently that the state should provide everyone with a decent standard of living compared to those in better health (Jaeger, 2006). The mechanism between poor health and support for state responsibility can be twofold. Specifically, individuals with health difficulties need more help than others and have more challenges to providing help to others. Either way, it is in their interest that the state does provide support for citizens.

Following the self-interest perspective, one may predict that childfree individuals are more likely to support welfare state responsibilities towards elderly compared to individuals with children. Obviously, childfree people cannot receive informal help from their own children and, thus, they are more dependent on formal support. In contrast, using this argument, previous researchers noticed that older people who have children support the state responsibility for providing financial help more than those who did not have children (Logan and Spitze, 1995; Tanskanen and Danielsbacka, 2009). This could be related to the fact that older adults may not want to be a burden to their own children.

Additionally, the existence of siblings may influence public opinion towards elderly care. If the family has the main responsibility for elderly support, those with no siblings may be forced to invest a great amount of monetary and non-monetary resources in

elderly care. In contrast, if siblings do exist, the resources that an individual should invest in parents may be divided. Thus, people without siblings should support public responsibilities more than those with siblings. Having a spouse may either increase or decrease support for publicly provided services (see Daatland et al., 2011; Dykstra and Fokkema, 2011 for a discussion). In the case of the younger generation, single people may be more likely to use welfare state support than people with a spouse because it can be more stressful for single people to take care of their parents. In the case of the older generation, single people may be more dependent on state support compared to people with a spouse who may receive assistance from them. If the self-interest prediction holds, people who have living parents should be more likely to support formal elderly care than people whose parents are dead.

Finally, it could be that the covariates are related to different measures of attitudes in divergent ways. For instance, health conditions may be more strongly related to attitudes towards practical help and care compared to financial support. In contrast, the financial situation may influence stronger attitudes towards financial responsibilities than care or practical help. Thus, it is important to study these different measures of attitudes towards elderly care separately.

It is also possible that attitude differences between distinct groups of people are small in the case of elderly care. The commitment towards public responsibility, despite individual interests, can be strong in Finland, which belongs to the Nordic welfare state regime. Almost everyone grows old and, therefore, has interests related to elderly care. Additionally, the institutional nature of the Finnish welfare state (i.e., universalism) can generate attitude differences between citizen groups to a small extent because everyone benefits from and finances the system (Korpi, 1981). However, as previously mentioned, the ongoing ideological and institutional change from universalism and collective responsibility towards selectivism and individual responsibility can change the situation (Kuivalainen & Niemelä, 2010). Attitude differences can even increase because distinct groups of people with diverse interests are now competing for scarce resources in the public sector in a time of permanent austerity (Kallio, 2010).

## Research questions

In this article, we study older and younger adults' opinions of whether the family or the state should bear responsibility for care of the elderly. As discussed above, an interesting set of previous studies have investigated attitudes towards elderly care using comparative data to explain attitudes towards family responsibility, rather than state responsibility (Fokkema et al., 2008; Daatland et al., 2011; Dykstra and Fokkema, 2011). In this study, however, we explain that it is a state instead of a family responsibility. In Finland as well as in other Nordic countries, few people think that the family should bear sole responsibility for elderly care (Danielsbacka et al., 2013). We analyse respondents' opinions towards financial support, practical help and care. We investigate two questions (Q): Q1: Is there a difference in opinions towards elderly support between older and younger generations? Q2: What factors are associated with opinions towards state responsibility for elderly support?

In the case of Q1, we predict that younger people will report greater support for the state's responsibility compared to older people because younger adults are the ones who in most cases should take care of their elderly parents if the state does not. On the other hand, older people might report greater support for the state's responsibility than younger people due to older adults' reluctance to be a burden on their children. In the case of Q2, the self-interest perspective predicts that females should support the state's responsibility to a greater extent than males because females often provide more care to their relatives than males do (for example, Fokkema et al., 2008). Individuals with lower socioeconomic status usually need more state support than their counterparts with higher socioeconomic status and have fewer resources that they can direct towards those in need. Thus, those with lower socioeconomic status should support the state's responsibility to a greater extent than those with higher socioeconomic status. Similarly, poorer health should be associated with increased state support, especially in practical help and care, as individuals with health problems may benefit from public support more than individuals who are in better health and might have fewer opportunities to provide help to others. Those without partners, children or siblings should report more support for the state's responsibilities compared to others because they cannot obtain informal support from these sources. Moreover, those who have siblings can assume

that they can share elderly care responsibilities with their siblings when their parents need help.

## Data and Methods

Here, we use data from the Generational Transmissions in Finland (Gentrans) project. The Gentrans project studies the relations between two family generations, the Finnish Baby Boomer generation born immediately after the Second World War between 1945 and 1950 ( $M = 1947$ ,  $SD = 1.67$ ) (the older generation) and their adult children born between 1962 and 1993 ( $M = 1976$ ,  $SD = 5.6$ ) (the younger generation). In the Gentrans project, the Baby Boomer generation was the pivotal one. Data used here are unique because they are from 779 actual parent-child dyads, which means that we can compare attitudes within the same family.

Although a baby boom was a common phenomenon in Western countries after the Second World War, nowhere else have the relative sizes of the baby boom cohorts differed as much from previous and succeeding cohorts as in Finland (Statistics Finland, 2014; Karisto and Haapola, 2015). Furthermore, the duration of the baby boom period (which started immediately after the end of the Finnish War against the Soviet Union in 1944 and continued for approximately five years) in Finland was comparatively short (Statistics Finland, 2014; Karisto and Haapola, 2015).

This article uses the second wave of nationally representative Gentrans surveys, which were collected in 2012 by Statistics Finland via regular mail. Surveys from baby boomers and their adult children were gathered separately. During the data collection period in 2012, respondents from the older generation were approximately 65-years-old (between 62 and 67), whereas those from the younger generation were mostly in their 20s, 30s and 40s (mean: 36, range: 19-50). The older generation's survey involved a total of 2,278 respondents (65% response rate), and the younger generation's survey involved 1,753 respondents (50% response rate) (Danielsbacka et al., 2013). Because the two family generations represent different cohorts and historical experiences, using these two-generational data enables us to study cohort and generation effects. Moreover, with these data, we are able to compare attitudes between the two generations.

In the present study, the dependent variable is respondents' opinions regarding whether

the family or the state should bear the responsibility for elderly care on three indicators. In the survey, respondents were asked to report their opinion of how the family and the state should share responsibilities in the following three areas: (a) Financially supporting elderly persons; (b) Helping elderly persons in everyday chores such as cleaning and laundering; and (c) Nursing elderly persons (e.g., washing, dressing and helping them to eat). In the survey, five mutually exclusive answer categories were provided, and respondents were asked to select the one that best described their opinion. These categories were: (1) Totally the family's responsibility; (2) Mainly the family's responsibility; (3) Equal responsibility between the family and the state; (4) Mainly the state's responsibility; and (5) Totally the state's responsibility (Table 1). For the analyses, we dichotomized the dependent variable, coding it as 0 = family responsibility or equal responsibility between the family and the state or 1 = state responsibility. Thus, we could compare respondents who think that the family should bear at least some responsibility (reference category) to those who think that it is mainly or totally the state's responsibility.

[ TABLE 1 ]

First, we merged the data and compared older and younger generations to each other while controlling for variables related to self-interest. Next, we analysed the associations between older and younger generations' attitudes using data from respondents in same family only. These data were provided by 799 actual parent-child dyads. When analysing the dyadic data, we used Stata's cluster option to compute the standard errors. This method takes into account the non-independence of attitudes reported by the respondents from the same family. Next, we studied the two generations separately and investigated more fully whether several self-interest variables were correlated with the opinions (see Table 2 for the descriptive statistics). These variables are respondents' gender, age, education, financial situation, health, partnership status, parenthood status as well as whether they have siblings. In the older generation's analysis, we also included a variable relating to whether respondents had a living mother or father, as it may influenced their opinions. In the case of the younger generation, this variable was not included because almost all respondents still had a living mother and/or father.

[ TABLE 2 ]

In all the analyses, we used binary logistic regression analysis as a method (see more in Hosmer and Lemeshow, 2000). Regression coefficients were expressed as odds ratios (OR). An odds ratio above 1 indicates a positive association between the independent variable and the outcome, while an odds ratio under one indicates a negative association. The results were illustrated by calculating the predicted probabilities of public opinions (with 95% confidence intervals) from these logistic regression models.

## Results

### *A comparison of the younger and the older generations*

First, we combined both datasets and compared the attitudes between the two generations (Table 3). Using the older generation as a reference category, the younger generation had a significantly greater probability of reporting that the state should bear the primary responsibility for providing financial support. These results were similar in Models 1 and 2. However, such a difference between the generations was not found in the case of either practical help or elderly care.

[ TABLE 3 ]

Next, we investigated attitudes using data from respondents from the same family only (results are not shown in the tables). There were data from 779 actual parent-child dyads. These results were quite similar compared to those obtained when all the respondents were included. In the fully adjusted model, in the case of financial support, we found that the younger generation had a significantly greater likelihood of reporting that the state should bear the main responsibility compared to the older generation (OR = 2.39, SE = 0.96,  $p = 0.030$ , Nagelkerke R<sup>2</sup> = 0.04,  $n = 799$ ). In contrast, the older generation had a marginally significantly higher probability of supporting state responsibility compared to the younger one in the case of practical help (OR = 0.47, SE = 0.20,  $p = 0.072$ , Nagelkerke R<sup>2</sup> = 0.05,  $n = 799$ ). In the case of care, no significant difference was detected (OR = 0.56, SE = 0.22,  $p = 0.133$ , Nagelkerke R<sup>2</sup> = 0.05,  $n = 799$ ).

*The younger generation*

Third, we investigated more closely the younger generation's attitudes towards elderly care. The results are presented in Table 4. In the case of financial support, in Model 1 in which self-interest variables relating to everyday demands were controlled for, we found that when age increased, the probability of supporting state responsibilities increased. However, after controlling for general self-interest factors in Model 2, the difference was only marginally significant. In maximally adjusted Model 2, those with siblings were more likely to support state responsibilities compared to those without siblings. Those with the highest educational level had a marginally significantly lower likelihood of supporting state responsibility compared to those with the lowest educational level. Moreover, younger adults who were divorced or widowed had a marginally significantly higher probability of supporting state responsibility compared to those who had a partner.

[ TABLE 4 ]

Next, we investigated attitudes towards practical help (Table 4). We found that males had a greater likelihood of supporting state responsibility compared to females. Moreover, when age increased, the probability of supporting state responsibility also increased. Those with an "upper secondary level" of education and "lower degree level tertiary education" were more likely to support state responsibility compared to those with "primary or secondary level education". Moreover, those with better financial conditions had a lower likelihood of supporting state responsibility compared to those with poorer conditions. These results were similar in Models 1 and 2. Finally, younger adults with siblings were more likely to support state responsibilities compared to those without siblings.

Then, younger adults' attitudes towards elderly care were investigated (Table 4). Males were more likely to support state responsibility compared to females. Respondents in the younger generation with an "upper secondary level" of education and "lower degree level tertiary education" were more likely to support state responsibility than those with "primary or secondary level education". Although, in the first group mentioned, the difference was only marginally significant. All the findings were similar in Models 1

and 2. Finally, in Model 2, we found that those with siblings were more likely to support state responsibility than those without siblings.

### *The older generation*

Results relating to the older generation's attitudes towards elderly care are presented in Table 5. First, we investigated attitudes towards financial support. In both Models 1 and 2, older adults with better financial conditions were more likely to support state responsibility than older adults with poorer financial conditions and those who were still working were less likely to support it than those who were not working. Additionally, in both models, when the health condition increased, the likelihood of supporting state responsibility decreased. In Model 2 only, those with the highest educational level were marginally significantly more likely to support state responsibility compared to those with the lowest educational level. Finally, older adults with children supported state responsibility more frequently than older adults without children.

### [ TABLE 5 ]

Next, we investigated older adults' attitudes towards practical help (Table 5). Models 1 and 2 showed that those with a better financial situation were less likely to support state responsibility than those with a poorer financial situation. The respondents in the older generation with the highest educational level were more likely to support state responsibility than those with the lowest level. This difference was significant in Model 2 and marginally significant in Model 1. Furthermore, in model 2, respondents with a "lower degree level tertiary education" were more likely to support state responsibility than those with "primary or secondary level education". Those with children were more likely to support state responsibility than those without children, while those who had a living parent were less likely to support it than those whose parents were dead. Finally, those with siblings were marginally significantly less likely to support state responsibility than those without siblings.

Then, we investigated respondents' attitudes towards care (Table 5). Males were more likely than females to support state responsibility. Additionally, the most highly educated respondents were more likely than their counterparts with the lowest level of education. Wealthy respondents were marginally significantly less likely to support state responsibility than low-income respondents. These results were similar in Models

1 and 2. In Model 1, increased age was associated with increased odds of supporting state responsibility. After controlling for all the variables in Model 2, this difference was not significant. Finally, those who had a living parent were less likely to support state responsibility than those whose parents were dead.

## **Conclusions**

In this article, we investigated older and younger adults' opinions of whether the family or the state should bear the responsibility of providing care to the elderly. We analysed opinions regarding financial support, practical help and care. Overall, we found high support for the state responsibility in both generations, particularly in the case of financial support. However, support for shared responsibility between the family and the state was more common in the areas of practical help and care. This is an interesting result because responsibility for care and practical help have been transferred slowly and silently from the public sector to families and individuals themselves in a time of permanent austerity (Gilbert, 2002; Streeck and Thelen, 2005; van Aerschot, 2014). However, in spite of this ongoing institutional change in Finland, results of an opinion study conducted in 2007 are very much in line with the results of this study (Tanskanen and Danielsbacka, 2009, 25). There was no significant shift towards more positive attitudes towards family or shared responsibility.

We found that the younger generation had a significantly greater probability of reporting that the state should bear the main responsibility in the case of financial support. However, a similar difference between generations was not found in terms of practical help and elderly care. When we compared family-generations to actual parent-child dyads, the results were quite similar to those obtained when data from all the respondents were analysed. The younger generation had a significantly greater likelihood of reporting that the state should bear the main responsibility compared to the older generation in the case of financial support. However, the older generation had a marginally significantly greater probability of supporting state responsibility compared to the younger one in the case of practical help. In the case of care, no significant difference was found.

In this article, we analysed several assumptions derived from the self-interest perspective. Based on our results, the self-interest perspective was only partially supported (see also Missinne et al., 2013, 239). In accordance with the self-interest perspective, we found that the younger generation reported more support of state responsibility than the older generation in the case of financial support. Among older adults, more low-income individuals supported the state's responsibility compared to their better-off counterparts. Those who were not working supported that state's responsibility to provide financial support to a greater extent than those who were working. Further, when older adults' health condition improved, their support of the state's responsibility to provide financial support decreased.

In contrast to the self-interest perspective, in the younger generation, we found that more males than females supported the state's responsibility in the case of care. Moreover, in both generations, males supported state responsibility to a greater extent than females in the case of practical help. This was rather surprising because it is well known that females provide more kin support than males in practice (e.g., Fokkema et al., 2008). In the case of practical help and care, the younger generation's respondents with an intermediate level of education and the older generation's respondents with the highest level of education supported greater state responsibility compared to those individuals with the lowest level of education. It is unclear why most younger adults who can potentially benefit from state responsibility report the lowest level of support for it. It could be due to their more conservative values that may enhance family-centred sentiments in these groups. In addition, younger adults with siblings supported state responsibility to a greater extent than those without siblings in the case of all public opinion variables. Older adults who still had mother or father alive supported state responsibility to a lesser extent than those whose parents were dead. These results are also difficult to understand from a self-interest perspective.

One important issue that may explain our results relating to self-interest factors associated with the attitudes is that it is not known whether the respondents thought of themselves as potential givers or receivers of help when responding to the survey. Previous studies have shown that concrete opinions tend to be related to self-interest in everyday life (Kangas, 1997; Muuri, 2010). Although we analysed concrete attitudes towards elderly policies, it could still be that responses reflect ideologies and human values to a greater extent than self-interest (for example, Jaeger, 2006; Kulin and

Meuleman, 2015). Unfortunately, the data used here do not include information on political ideologies or social values and, thus, we call for future studies to respond to this question.

Almost everyone grows old and, therefore, will benefit at least partially from elderly care organized by the public sector in Finland. This means that distinct population groups can finally have similar interests and attitudes concerning elderly care and the role of the public sector, despite their social and family statuses. Small attitude differences can also be related to the institutional nature of the Nordic welfare state, including universalism and collective responsibility, even though these ideas have been challenged in recent years (Korpi, 1981; Kuivalinen & Niemelä, 2010). Related to Korpi's thoughts, the self-interest perspective could be more essential in the case of more selective policies that divide people more clearly in terms of those who benefit from the system and those who only finance it. An example of this type of policy in the Finnish context includes last-resort income schemes such as social assistance or a housing allowance. In addition to small attitude differences, these thoughts can help us to understand why some of the independent factors used here were connected to the attitudes of citizens in the opposite direction of what the self-interest perspective gives us reason to assume.

In the adjusted models, when older adults' health condition diminished, the extent to which they believed that the state had a responsibility to provide financial support increased. Further, older adults with children supported state responsibility to a greater extent than childfree individuals in the case of financial support and practical help. It is possible that older parents do not want their adult children to have to take care of them in the future. In Finland, adult children have no legal obligations to their elderly parents (Millar and Warman, 1996; Saraceno and Keck, 2008). According to previous research, elderly people are not willing to receive the most intimate and most private care from their relatives. Further, elderly people are not willing to be a burden on their children. Therefore, when the need for care increases considerably, the public sector is preferred instead of family (Daatland and Herlofson, 2003; Van Aerschot, 2014.)

Our study has several strengths. We used unique data that allowed us to investigate and compare two adult generations. Moreover, we were able to compare attitudes between actual child-parent pairs. Obviously, our study also has limitations. As mentioned

above, the data did not include information on political ideologies. Moreover, elderly care can be arranged by markets, which was not included in the response options in the survey. Thus, it is unknown whether individuals support the responsibility of markets to a greater extent than family or state responsibility. Previous research has revealed that there are clear differences between support at private care companies and third sector actors and family in Finland (for example, Kallio, 2010). The general public is the most critical of private firms that offer social and health care services. The ongoing institutional change in politics has increased the status of private companies (Anttonen and Häikiö, 2011). Therefore, we need novel research that measures the role of markets.

Our results highlight the importance of future studies. For instance, it is unclear whether attitudes and behaviour correlate with each other and whether those who support family responsibility actually provide more care for the elderly compared to others. Previous research has suggested that there is a contradiction between attitudes and actual behaviour (for example Kallio, 2010; Danielsbacka, 2010). There is also a need to consider new kinds of explanatory factors such as the amount of care given, received or needed; more precise indicators of health and disadvantage and measures related to the quality of the relationship between elderly people and their family members.

Finland is a Nordic welfare state that is characterized by a relatively high level of public benefits for the elderly. However, there is an ongoing debate in Finland concerning whether these responsibilities should be transmitted from the state to families or to private markets. The present study shows that the state's responsibility in elderly care is highly supported. Thus, we may conclude that public opinions are against welfare state cuts. The results allow us to conclude that practiced politics, which have shifted increasingly more responsibility to private actors such as family members and individuals themselves, and the attitudes of the general public are moving in different directions. The question regarding what this means from a democratic perspective is more than essential. It is interesting to consider how this relationship between practiced politics and the attitudes of the general public will develop in the future. Will the difference continue to grow or is it possible that the attitudes of citizens will finally adjust to changes in elderly care services?

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Table 1. Attitudes towards elderly care (%)

	Younger generation			Older generation		
	Financial support	Practical help	Care	Financial support	Practical help	Care
Totally the family's responsibility	0.0	0.3	0.2	0.5	1.1	0.8
Mainly the family's responsibility	3.7	15.7	5.7	4.9	10.3	4.4
Equal responsibility between the family and the state	33.4	54.8	49.3	33.3	48.6	39.8
Mainly the state's responsibility	53.3	26.6	39.8	49.2	34.7	45.1
Totally the state's responsibility	9.7	2.7	5.0	12.2	5.4	9.9
n	1,652	1,652	1,652	1,959	1,959	1,959

Table 2. Descriptive statistics (%/mean)

	Younger generation		Older generation	
	%/mean	SD	%/mean	SD
Gender (%)				
Female	62.7		57.0	
Male	37.3		43.0	
Respondent's age (mean)	36.4	5.57	64.5	1.66
Respondent's education (%)				
Primary or lower secondary level	3.1		30.8	
Upper secondary level	42.5		51.6	
Lower degree level tertiary education	27.2		7.2	
Higher degree level tertiary education or doctorate education	27.2		10.5	
Respondent's perceived financial condition (%)				
Low-income	28.9		43.6	
Middle-income	49.0		38.4	
Comfortable off or wealthy	22.1		18.0	
Respondent's working condition (%)				
Not working	21.1		82.5	
Working	79.0		17.5	
Respondent's health (mean)	3.1	0.66	2.6	0.74
Respondent's partnership status (%)				
Have a partner	76.5		76.3	
Divorced or widowed	3.9		17.9	
Unmarried	19.6		5.8	

*(Table 2 continued)*

Respondent's parenthood status (%)		
No children	41.5	11.6
Have children	58.5	88.4
Whether respondent has siblings (%)		
No siblings	10.1	8.2
Have siblings	89.9	91.8
Whether respondent has living parents (%)		
Either mother or father is not alive	78.1	
Living mother and/or father alive	21.9	
n	1,652	1,959

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Table 3. Attitudes towards state responsibilities in elderly care: A comparison between generations (odds ratios)

	Financial support						Practical help						Care					
	Model 1			Model 2			Model 1			Model 2			Model 1			Model 2		
	OR	SE	p	OR	SE	p	OR	SE	p	OR	SE	p	OR	SE	p	OR	SE	p
Generation																		
Older generation	ref			ref			ref			ref			ref			ref		
Younger generation	3.25	0.88	<0.001	2.69	0.74	<0.001	1.40	0.39	0.229	1.21	0.35	0.512	1.21	0.32	0.45	1.06	0.28	0.821
n	3,681			3,681			3,681			3,681			3,681			3,681		
Nagelkerke R2	0.03			0.04			0.04			0.04			0.03			0.04		

Model 1: Adjusted for gender, age, education, financial condition, working condition and health

Model 2: Adjusted for gender, age, education, financial condition, working condition, health, parenthood status and whether the respondent had siblings

Table 4. Younger Generation: Associations between independent variables and attitudes towards state responsibilities in elderly care (odds ratios)

	Financial support						Practical help						Care					
	Model 1			Model 2			Model 1			Model 2			Model 1			Model 2		
	OR	SE	p	OR	SE	p	OR	SE	p	OR	SE	p	OR	SE	p	OR	SE	p
Gender																		
Female	ref			ref			ref			ref			ref			ref		
Male	1.06	0.12	0.591	1.06	0.12	0.581	1.89	0.21	< 0.001	1.86	0.21	< 0.001	1.69	0.18	< 0.001	1.67	0.18	< 0.001
Respondent's age	1.03	0.01	0.005	1.02	0.01	0.083	1.03	0.01	0.010	1.02	0.01	0.033	1.01	0.01	0.398	1.01	0.01	0.623
Respondent's education																		
Primary or lower secondary level	ref			ref			ref			ref			ref			ref		
Upper secondary level	1.18	0.20	0.329	1.16	0.20	0.385	1.55	0.29	0.021	1.52	0.29	0.030	1.35	0.22	0.072	1.34	0.22	0.084
Lower degree level tertiary education	0.96	0.18	0.851	0.95	0.18	0.797	1.81	0.39	0.006	1.76	0.38	0.009	1.59	0.30	0.014	1.58	0.30	0.017
Higher degree level tertiary education or doctorate education	0.56	0.17	0.061	0.55	0.17	0.054	1.47	0.52	0.274	1.46	0.52	0.287	1.44	0.45	0.244	1.42	0.44	0.256
Respondent's perceived financial condition																		
Low-income	ref			ref			ref			ref			ref			ref		
Middle-income	1.00	0.14	0.991	1.01	0.14	0.947	0.84	0.12	0.236	0.85	0.12	0.259	0.93	0.12	0.577	0.93	0.12	0.608
Comfortable off or wealthy	0.77	0.13	0.118	0.77	0.13	0.121	0.71	0.13	0.058	0.70	0.13	0.052	0.97	0.16	0.871	0.97	0.16	0.841
Respondent's working condition																		
Not working	ref			ref			ref			ref			ref			ref		
Working	0.79	0.12	0.104	0.78	0.12	0.101	0.94	0.15	0.672	0.93	0.15	0.634	0.97	0.14	0.838	0.97	0.14	0.857
Respondent's health	1.13	0.09	0.138	1.11	0.09	0.207	0.92	0.08	0.327	0.90	0.08	0.252	0.90	0.07	0.164	0.89	0.07	0.143
Respondent's partnership status																		
Have a partner				ref						ref						ref		
Divorced or widowed				1.81	0.55	0.052				1.39	0.38	0.233				1.08	0.28	0.770
Unmarried				0.96	0.14	0.800				0.78	0.13	0.132				0.92	0.13	0.545
Respondent's parenthood status																		
No children				ref						ref						ref		
Have children				1.16	0.15	0.242				0.91	0.12	0.510				1.00	0.12	0.989
Whether respondent has siblings																		
No siblings				ref						ref						ref		
Have siblings				0.63	0.12	0.013				0.64	0.11	0.008				0.68	0.11	0.019
n	1,652			1,652			1,652			1,652			1,652			1,652		
Nagelkerke R2	0.03			0.04			0.04			0.05			0.03			0.03		

Table 5. Older Generation: Associations between independent variables and attitudes towards state responsibilities in elderly care (odds ratios)

	Financial support						Practical help						Care					
	Model 1			Model 2			Model 1			Model 2			Model 1			Model 2		
	OR	SE	p	OR	SE	p	OR	SE	p	OR	SE	p	OR	SE	p	OR	SE	p
Gender																		
Female	ref			ref			ref			ref			ref			ref		
Male	1.10	0.11	0.322	1.11	0.11	0.308	1.12	0.11	0.248	1.11	0.11	0.299	1.36	0.13	0.001	1.36	0.13	0.001
Respondent's age	1.01	0.03	0.670	1.00	0.03	0.984	1.02	0.03	0.421	1.00	0.03	0.935	1.07	0.03	0.019	1.05	0.03	0.101
Respondent's education																		
Primary or lower secondary level	ref			ref			ref			ref			ref			ref		
Upper secondary level	0.93	0.10	0.482	0.95	0.11	0.642	1.14	0.12	0.233	1.18	0.13	0.136	1.03	0.11	0.805	1.06	0.11	0.581
Lower degree level tertiary education	1.17	0.24	0.439	1.23	0.25	0.309	1.32	0.26	0.164	1.40	0.28	0.093	1.09	0.21	0.663	1.16	0.23	0.453
Higher degree level tertiary education or doctorate education	1.31	0.24	0.146	1.41	0.26	0.064	1.41	0.25	0.054	1.55	0.28	0.016	1.54	0.28	0.017	1.70	0.31	0.004
Respondent's perceived financial condition																		
Low-income	ref			ref			ref			ref			ref			ref		
Middle-income	0.75	0.08	0.010	0.74	0.08	0.007	0.75	0.08	0.007	0.74	0.08	0.006	0.90	0.10	0.304	0.89	0.10	0.275
Comfortable off or wealthy	0.56	0.08	<0.001	0.56	0.08	<0.001	0.71	0.11	0.021	0.72	0.11	0.025	0.76	0.11	0.061	0.76	0.11	0.061
Respondent's working condition																		
Not working	ref			ref			ref			ref			ref			ref		
Working	0.71	0.09	0.009	0.70	0.09	0.007	0.94	0.13	0.652	0.92	0.12	0.557	0.82	0.11	0.138	0.81	0.11	0.110
Respondent's health	0.81	0.05	0.001	0.80	0.05	0.001	0.91	0.06	0.167	0.91	0.06	0.176	0.95	0.06	0.439	0.95	0.06	0.464
Respondent's partnership status																		
Have a partner				ref						ref						ref		
Divorced or widowed				1.12	0.14	0.370				1.06	0.13	0.627				1.13	0.14	0.330
Unmarried				0.74	0.17	0.206				0.95	0.23	0.841				0.79	0.18	0.311
Respondent's parenthood status																		
No children				ref						ref						ref		
Have children				1.41	0.24	0.047				1.47	0.26	0.031				1.30	0.22	0.123
Whether respondent has siblings																		
No siblings				ref						ref						ref		
Have siblings				0.88	0.16	0.456				0.73	0.12	0.056				0.82	0.14	0.238
Whether respondent has living parents																		
Either mother or father is not alive				ref						ref						ref		
Living mother and/or father alive				0.86	0.10	0.188				0.68	0.08	0.001				0.69	0.08	0.001
n	1,959			1,959			1,959			1,959			1,959			1,959		
Model's R <sup>2</sup>	0.04			0.05			0.04			0.03			0.03			0.04		