

(Ageing/SicilianoChapter-141111)

7020 words, plus 3 tables and 3 figures

Gender, Marital Status and Intergenerational Relations in a Changing World

Sara Arber

Professor of Sociology,

Centre for Research on Ageing and Gender (CRAG),

Department of Sociology, University of Surrey, Guildford, Surrey, GU2-7XH, UK

Tel: 00-44-(0)1483-686973; Fax: 00-44-(0)1483-689551; S.Arber@surrey.ac.uk

Email: S.Arber@surrey.ac.uk

16th December 2011

Revised version of book chapter for S. McDaniel and Z. Zimmer (eds) *Global Ageing in the 21st Century*, Ashgate.

Introduction

The worldwide trend towards ageing of societies is well documented with extensive discussions of support and care needs for frail older people. There is less discussion of the implications of gender differences in later life for access to support in the event of frailty or disability. Although, marital status is fundamental to well-being in later life (Arber and Ginn, 1991, 1995; Gaymu et al., 2008), there has been less appreciation of the scale of gender difference in marital status in later life, variations between societies, and their implications. It is important to consider the interaction between gender and marital status and the ways this may change over time (Arber, 2004a; Arber, 2004b; Manning and Brown, 2011). The focus of this chapter is to examine the intersection of gender and marital status in later life across societies, how this links to inter-generational relations, and how global changes make it increasingly important to consider the implications of the gender and marital status interaction when studying access to caregivers and social support in later life.

Globalisation and changes influencing inter-generational relations

Recent and rapidly accelerating societal changes associated with globalisation and changing cultural norms are having a profound impact on inter-generational relations and the nature of flows between generations. Four changes are outlined. First, the global labour market results in international migration of young and midlife adults to work in other countries, e.g. from the Philippines to work as maids in Singapore or nurses in the UK, from Poland and central European countries to work across the full spectrum of jobs in the UK, and from India and Pakistan to work in Saudi Arabia or the Gulf states (Isaksen et al., 2008). At the same time, the rapid industrialisation of many emerging economies, such as China, India, and Mexico has witnessed vast migratory flows from rural to urban areas, with the older generation (and often also their children) left behind in rural settings. For example, there were 147 million Chinese rural-to-urban migration in 2005 (National Statistics Bureaus of China 2006, cited in Guo et al., 2009).

A second major change is the increased role that women now play in the paid labour force throughout the world. The expectation in northern European countries is that women with children will work full-time, following periods of maternity leave (Saraceno, 2008). Traditional family structures with women as full-time housewives and homemakers have

sharply declined. Implications of this change relate to who provides care for children (during mothers' paid work), and who cares for frail or disabled older people, should they need care and support. A key debate in Europe is whether such care should be provided by the state through welfare services or by the family, particularly whether state provision 'crowds out' or 'substitutes for' care by the family, or whether state provision 'complements' family care provision (Kunemund, 2008; Keck, 2008).

A third change, which itself has been influenced by the previous two, is the decline in extended family co-residence, e.g. in three-generational households. The corollary of the growth of nuclear family residential patterns is that more older people live separately from younger relatives, either living together in couple-only households or living alone as a single person. In a traditional, rural region of China, Silverstein and colleagues (2006) found that only 23% of parents lived in three-generation families.

A final change, inter-connected with the other societal changes, relates to the decline in the birthrate and size of the family. Many countries have a birthrate that has been below replacement level for over two decades, e.g. Italy and Germany. China has had a 'one child' policy for over 30 years, and increasingly a child from a one child family marries another 'only' child, with the result that the couple have potentially four parents (or parents-in-law) to support should they become frail or disabled. In nearly all countries, the birthrate has tumbled, representing a sea change, as fewer children will be available to provide care or support to the growing older population. At the same time, there has been a substantial increase in childlessness, for example, in the UK, it is estimated that 30% of women who are currently 35 will remain childless. A key issue is who will provide care for the childless when they reach later life.

The demographic changes of declining fertility and decreased mortality have resulted in more vertically extended families of 3 or 4 generations, sometimes characterised as 'bean-pole' families. Hagestad (2006) discusses that 'top heavy' families are becoming increasingly common, with more grandparents than grandchildren, whereas in the past family structures were pyramidal, with a larger number of grandchildren and children, and smaller number of grandparents (Arber and Timonen, 2012). In addition, there are more 'truncated' families with no generations below them (Hagestad and Herlofson, 2005). Societies vary in the extent to which family structures are 'top heavy', 'bean pole' or

‘pyramidal’ in structure, as well as the prevalence of ‘truncated’ families. The shape of generational structures have implications for intergenerational relations, flows of resources between generations, and particularly for older women.

Inter-generational flows (or transfers)

The so-called crisis of care for older people needs to be set within the wider context of inter-generational relations, which can be conceptualised as sets of upward and downward flows between the generations. Figure 1 provides a schematic representation of the nature of different types of intergenerational support between family members, which for illustrative purposes comprises 4 generations. The nature and extent of these flows are in rapid flux because of the sets of factors outlined in the previous section – migration, increases in women’s labour force participation, decline in multi-generational households, and increase in one child families and childless adults.

.....
Figure 1 about here
.....

There are four main types of intergenerational flows, namely: (1) Financial and material flows, (2) Co-residence, (3) Care or support for children, and (4) Care or support for frail, older people. The first two flows may occur in either direction, as upwards or downwards flows, while the final two are largely unidirectional. The prevalence of each of these inter-generational flows and their directionality are all inter-connected. The nature, volume and direction of these flows differs markedly between societies, particularly in concert with the nature of welfare state provision across societies (Saraceno, 2008), as well as according to the factors outlined above. Each of these types of flows will be briefly considered:

Financial and material flows

Extensive research in Europe and north America has demonstrated that there are much greater downward financial flows from the grandparent (or great-grandparent) generation to the parent and grandchild generation (Attias-Donfut and Wolff, 2000a, 2000b; Albertini et al. 2007). These downward *inter-vivos* flows may occur over lengthy periods, for example, providing financial assistance with education of the grandchild generation, buying an adult child’s first house, and gifts, as well as major financial flows through inheritance. Such

downward financial flows serve to increase inequality between social groups in society, while equalising financial resources between generations (Hagestad and Herlofson, 2005).

One key success of many welfare states and pension systems has been to enable older people to be financially independent of their adult children and to reside separately. Even in countries with low state pensions, such as the UK, although many older people may be technically defined as 'in poverty', their poverty level is rarely so great that they require financial support from family members in order to subsist. This contrasts with many emerging countries, with only rudimentary pension systems, where most older people live from their own resources, such as from paid employment, subsistence agriculture, or their own savings (if any). Where they have few personal financial or pension resources and are unable to work or earn money by any other means, older people are usually dependent on household or other family members, mainly their adult children (if they have any). For example, in China, and countries with extensive rural-urban or transnational migration, adult children working in urban areas or other countries, may send substantial remittances back to the grandparent generation living in rural areas (Silverstein et al., 2006; Baker and Silverstein, 2012). Thus, upward flows of financial resources from the parent to the grandparent (or great grandparent) generation occur mainly in countries that have limited pension systems or welfare support for older people.

Co-residence

Inter-generational relations and transfers tend to occur in a 'natural' (non-obvious and unacknowledged) way when more than one generation co-reside in the same household. In situations of co-residence, where there is shared accommodation and generally shared meals, there is little concept of financial or material transfers between generations of family members living in the same household. However, once the household fissures and generations live separately, each separate unit must finance their separate housing, living costs and food. It is well-known that multi-generational or extended family living is less costly than living in separate households. Increasingly in many European countries, adult children are co-residing for longer in the parental home, representing a substantial downwards flow of financial, material and emotional support.

Living in a multi-generational family, generally occludes the possibility of assessing the value of material or financial transfers in both directions associated with co-residence. The

care by parents for their children goes unremarked, not generally being seen as a transfer between generations. However, when the adult generation is missing because of working in an urban area or another country, this puts into sharp relief, normative care by parents (primarily mothers) for their children. Where a grandparent co-resides in the same household as the parent generation and/or the grandchild generation, there are likely to be multiple flows in both directions on an everyday basis. The frequency and complex interweaving of these flows of household labour, practical care, and emotional and social support mean they are largely invisible, and their importance only becomes apparent if one or more family members move to live in separate households, when these flows can be more easily recognised, 'named' and measured, as 'financial support', 'practical help', 'care' or simply 'visiting'.

Care for Children

It is obvious that young children need care on a 24 hour basis, with the nature of care for children changing as they grow older, from physical and practical (instrumental) care, to developmental care and emotional support. Where the parent generation or (in practice) the mother is absent completely, then grandparents (largely grandmothers) often take over the parental role. This occurs where the adult child dies (e.g. from AIDs in Africa) or is unable to perform the 'normative' mothering role (e.g. because of drug addiction in the US), in such cases the grandparents may take over the full role of the parents, co-residing with their grandchildren. Such (custodial) grandparents have been termed 'child savers' (Arber and Timonen, 2012). In cases, of rural-urban migration or transnational migration of the parent generation, children are often 'left behind' in (or sent back to) the rural areas to live with their grandparents or other relatives. In China, the proportion of these 'skipped generation' families, comprising grandparents and grandchildren without the middle generation present, has increased rapidly in rural areas (Silverstein et al., 2006). Grandparents in these households are performing the parental role, and play a pivotal role in enabling their own adult children to work and earn money in urban areas, through care for their grandchildren on a full-time basis (Baker and Silverstein, 2012).

Where women work full-time in societies with limited access to state provided childcare or daycare, where childcare is expensive, or women command low or modest wages, the main option for women who wish to (or financially need to) work is for children to be cared for on a daily basis by one or both sets of grandparents. These grandparents could be seen as

‘mother savers’, since they enable the better financial wellbeing of the parent generation, as well as the well-being and development of grandchildren, but represents a substantial time, practical and emotional commitment by the grandparents (Arber and Timonen, 2012). Herlofson and Hagestad (2012) show that in the Nordic countries, despite grandparents not being involved in day to day childcare provision, they are generally the first ‘port of call’ in a ‘crisis’ or an emergency, when back-up childcare is needed, such as when a child is unwell, and are characterised as ‘family savers’.

Care of children and grandchildren by definition represents a ‘downward’ inter-generational flow of caring resources. Although, flows from grandparents are often seen as gender-less, they are primarily transfers from older women to the parent generation, since the bulk of care for grandchildren is provided by grandmothers or other female relatives.

Care for frail or older relatives

Should an older person become frail, disabled or mentally confused, they are likely to require support on a regular or daily basis to remain living in the community. The first port of call for such personal care and practical (instrumental) support is generally other household members. Where an older person is married, this support is likely to be provided by their spouse, unless the older couple co-reside in an extended multi-generational family, in which case the main carer for older women may be the daughter (or daughter-in-law). In the UK, when an older married person requires care, this is almost always provided by their spouse, irrespective of gender (Arber and Ginn, 1991, 1992; Rose and Bruce, 1995). However, in many patriarchal societies and those with more rigid gender divisions, there may be a weak or non-existent cultural norm for husbands to provide care for their wives.

In the UK, Europe and north America, only a tiny minority of older people co-reside with adult children. Following widowhood, most older people live alone, rather than live with their adult children, friends or other relatives. Older women and men who live alone therefore need to rely on support from either welfare state services, privately paid carers, or from family members or friends who live elsewhere. European states vary markedly in the extent of welfare state provision for older people demonstrating a clear North-South divide (Hagestad, 2006). But even in the Nordic countries, with high welfare state provision, family members complement state support and provide extensive care for frail elderly parents. Most research indicates that the bulk of care for frail older people living alone is provided by

daughters providing 'care at a distance'. Thus, by definition 'informal care' for frail older people is either provided by the same generation between spouses (or sometimes siblings or friends), or is an upward flow from the middle (or grandchild) generation.

Care giving may be particularly problematic for 'truncated generations', where an older person has no children. As well as the rapid increase in childlessness and one child families, children may predecease their parents, including from AIDs (especially in Africa). Thus, a higher proportion of the middle generation in the future will reach late old age without children. They will have to rely on others, rather than children, to provide practical care and support when needed, which may be particularly problematic if they are widowed/divorced, and without a partner to provide such care. Childless people who become frail or disabled will therefore have to rely on the state for care, friends or more distant relatives, such as nieces or siblings. However, welfare state retrenchment means that the state's role in supporting older people is likely to diminish in the future (Estes and Wallace, 2010).

Weighing up net levels of transfers of resources between generations

Extensive literature has assessed whether flows downwards from the grandparent generation to the parent (or grandchild) generation outweigh flows upwards from the middle to the grandparent generation (Attias-Donfut and Woolf, 2000a, 2000b; Kohli et al., 2000), concluding that in European countries, there are much greater financial flows downwards than upwards. However, the valuation of financial flows are in principle easier to estimate than calculating the value of practical and caregiving support.

Despite these difficulties, the rhetoric about the rapid increase of the ageing population and the 'consequent burden' of paying for and/or caring for the frail older population focuses primarily on the 'unsustainable' nature of the required upwards flows. It rarely considers the downward flows in terms of financial and caring contributions of older people to the middle and grandchild generations. Almost entirely neglected are valuations of the much more widespread general contributions to society of older people in terms of their role in community support, voluntary work, etc.

Societal changes, such as the growth of migration both transnationally and between rural-urban areas, mean that the nature of intergenerational transfers may change. Although, financial remittances can be transferred from the middle generation to the older generation

living ‘back home’ (Silverstein et al. 2006; Baker and Silverstein, 2012), it is generally much harder (or impossible) to provide everyday practical or personal care to a frail or disabled parent from hundreds of miles away. Thus, long distance migration potentially leaves a ‘care gap’ for the older generation who are ‘left behind’ in rural areas or in the ‘home country’. The implications of these societal changes and changes in the nature of intergenerational relationships are likely to have greater adverse effects for older women’s well-being in later life.

The feminisation of later life cross-nationally

Because of the popular and policy focus on the ‘burden’ of older people and to what extent inter-generational relations can sustain/accommodate this growing ‘burden’ – the remainder of the chapter focuses on gender and care for older people. It addresses the gender and marital status of older people who are likely to ‘need’ such ‘burdensome’ care by society (in an era of welfare state retrenchment) or from family members or others.

Policy-related literature on ageing often conceptualises older people who ‘need’ care in an undifferentiated way, as ‘the elderly’ or ‘the old’, and as genderless (Bould and Casaca, 2011). This is despite extensive research by feminist scholars and others that has challenged earlier views of older people as homogenous, and documented inter-sectional differences associated with gender, class, race, ethnicity and sexuality (Arber and Ginn 1991, 1995; Calasanti and Slevin 2001, 2006; Mutchler and Burr, 2011). In contrast, policy makers and analysts have primarily been concerned about the ‘social problems’ of an ageing population. The vast majority of older people who ‘need care’ and thus will represent a ‘burden’ on other relatives or the state are older women, and these women are primarily widowed. This section focuses on the numerical predominance of older women, and the next section examines the likelihood of being a widow, while most older men can expect to die married. The reasons underlying the much larger number of women than men who need care in later life are first outlined.

.....
Table 1 about here
.....

Gender differences in expectation of life

In nearly all countries women outlive men. The gender differential in expectation of life at birth ranges from women living 12-13 years longer than men in Russia and some Eastern European countries to roughly equal life expectancy in Pakistan, India and Egypt (UN, 2008), see Table 1. The high or 'conventional' gender difference in expectation of life, found in most European and other developed countries, is women living 5-7 years longer than men. However, there is considerable variation, for example from a difference in life expectancy of 7 years in France and Finland, reducing to 4.8 years in the UK. Some countries are experiencing a decreasing feminisation of later life, because of faster improvements in male than female mortality, as in the UK over the last 30 years (Arber and Ginn, 2005).

Some emerging countries, such as Brazil show a wide gender difference of 7.7 years in expectation of life. Whereas other emerging countries, such as China and Singapore, show a 'modest' gender difference of 3-4 years. It seems likely that these gender differences will become greater over time, and that more emerging countries in the future will have a gender difference in life expectancy similar to that of the 'high' difference countries of Europe.

Gender differences in mortality vary between societies for a range of reasons, including variation between men and women's roles in paid employment (including the danger, occupational hazards and stresses associated with employment roles); men and women's lifestyles and risk behaviours (men having more 'risky' lifestyles linked to smoking, alcohol consumption, motor accidents), and the cultural roles and valuation of women versus men (Arber and Thomas, 2001). The extent that changes in gender equality will lead to women taking on comparable roles to men in the workplace and similar levels of 'risky' behaviours, will tend to reduce gender differences in expectation of life in the future.

Therefore countries with near gender equality in mortality (and expectation of life), such as Pakistan, are likely to be where women's social status is low, and women are more likely to have poor nutrition, less access to health care, are subject to frequent births, and have high maternal mortality (Santow 1995, Doyal 1995, Fuse and Crenshaw, 2006). The gender difference in life expectancy is likely to be lower in societies where there is greater valuation of boy children and men, than girl children and women. As maternal mortality decreases in

societies, and there is greater equality in the cultural valuation of the two sexes, this will tend to *increase* gender differences in expectation of life.

In some countries the life expectancy for women above 65 is the same or lower than that of men, such as in Egypt (Table 1). It is therefore important to consider what societal or cultural factors may disadvantage older women's survival in some societies, compared to the more 'conventional' pattern of women having a 3-5 year greater life expectancy at 65 than men. Improved health care and economic development in many emerging nations is likely to go hand-in-hand with a growing numerical predominance of older women among the ageing population. Thus, more emerging countries in the future are likely to have a sex ratio in mortality similar to that of the 'high difference' countries of Europe.

Sex Ratios in Later Life

Gender differences in life expectancy are the main factor influencing sex ratios in later life. In nearly all societies, the proportion of women to men increases with advancing age. The greater the numerical predominance of older women at higher ages, the greater the relative proportion of older women than men that are likely to be frail or disabled and require care and support.

.....
Figure 2 about here
.....

Figure 2 shows the degree of feminisation of later life in a range of countries. In most European and western countries, there are 30-50% more women than men above age 65; this female 'excess' increases with advancing age. Figure 2(a) shows that for the UK, France and the US, there are over twice as many women aged 85-89 as men, which increases to three times as many aged 90-94, and over four times as many over age 95 in the UK and France. However, in countries with 'abnormally' high gender differences in life expectancy, the female predominance of older women over men is more stark. Figure 2(b) contrasts sex ratios in later life in Russia and Estonia compared with the UK, showing more than twice as many women as men in their late 70s in Russia and Estonia (compared to 41% more in UK), and four times as many women as men aged 85-89 (2.3 times more in the UK). Thus, in

Russia and Eastern European countries, the vast majority of older people who require financial and caring support are women.

A different picture of how sex ratios change with ageing emerges in countries with a low gender difference in life expectancy. Figure 2(c) contrasts Pakistan and India with Cuba (which has a modest gender difference in life expectancy). India shows no evidence of more older women in each age group over 65, unlike in virtually all other countries. And in Pakistan there are more men than women in all ages above 60; falling to reach a sex ratio of 74 women for every 100 men in their early 80s. The lack of feminisation of later life in India, Pakistan and other countries with a negligible or low gender difference in life expectancy at age 65, is likely to reflect differential cultural valuations of older women and men, which may be manifest in a particularly precarious existence for older widows in these societies.

In conclusion, a greater feminisation of later life in terms of more older women than men with advancing age, means the vast majority of older people who require care and support in later life will be women. In addition, future societal changes may result in emerging countries having a greater predominance of women with advancing age than is evident at present.

Older women, widowhood and the provision of care

Marital status is pivotal to the living arrangements, financial well-being, care-giving support and social relationships of older people, but in divergent ways for older women and men. It is therefore important to examine how gender differences in marital status change with age. Widowhood is a significant transition, often representing the loss of a partner of 40-50 years, who may have been their main source of companionship, support and care.

Gender differences in life expectancy and the increasingly divergent sex ratio with advancing age suggests a high proportion of older women will be living as widows. However, the proportion of widows in a society cannot be directly 'read off' gender differences in life expectancy and changing sex ratios with advancing age. The relative number of older people who are married versus widowed also depends on gender differences in age of marriage. In most European and western societies, men are on average 2-3 years

older than women at first marriage. For example, in France, if the gender gap in life expectancy of 7 years is added to a (first) marriage age gap of 2-3 years, then a French woman can expect to live as a widow on average for 9-10 years. However, the marriage age gap is much larger in many emerging countries, as well as for remarriages.

Gender differences in marital status in later life

Across all societies, the vast majority of older men are married, and therefore have a partner for domestic service support, companionship and for care should they become physically disabled, whereas this is the case for only a minority of older women. Figure 3 shows four contrasting societies, Canada, Japan, Singapore and Turkey; in each case over three-quarters of men over 65 are married (varying from 75% in Canada to 88% in Turkey). Even above age 80, two-thirds of men are married in each country. This contrasts with women over 65, where in each society under half of women are married (40-48%), and the likelihood of being married declines steeply with advancing age. Over age 80, only a small proportion of women are married, varying from 15% in Japan to 22% in Turkey.

.....

Figure 3 about here

.....

In later life, being married is normative for older men and widowhood is normative for older women. More women over 65 are widowed than are married in each of these countries, and above age 80, over 80% are widowed. Despite the cultural and economic differences between these four societies, there is a remarkable consistency in the proportions of older men who are married and of women who are widowed. In contrast, more older people are divorced or never married in Canada, 13% (and in Europe and other western societies) than in Turkey, 0.8% (and in Asian or Middle Eastern societies), see Table 2(a). This has implications for intergenerational relationships and the need for care, since divorced and never married older people (particularly men) may have limited family support networks to provide care should they become frail or disabled (Arber and Ginn, 1991; Arber, 2004a, 2004b).

.....

Table 2 about here

.....

Another way to highlight the fact that most older men are married, whereas older women are widowed, is to examine sex ratios *among* the married and *among* the widowed. For the five societies in Table 2(b), the preponderance of women over 65 compared with men is shown by the sex ratio, which varies from 1.22 in Singapore to 1.46 in France (146 women for every 100 men). But this modest numerical predominance of older women (shown by the sex ratio) hides very different sex ratios among the married and among the widowed. In each society there are about five times more widows than widowers over age 65 (sex ratios among the widowed vary from 4.6 in Turkey to 5.6 in Japan). The sex ratios among the married vary from 3 married men over 65 for every two married women in Singapore (sex ratio=0.63) and Turkey, to 5 married men to every 4 married women in Canada (sex ratio=0.8). These sex ratios in widowhood and being married in later life are remarkably similar across these five contrasting countries.

At advanced ages (over 80), the sex ratios of being married become sharper, whereby about twice as many married people are men than women in each of these countries (Table 2b). There is somewhat more variation in the sex ratio among the widowed across these societies, varying from 3.6 more widows than widowers in Turkey to 6.15 more widows than widowers in Japan, reflecting cultural differences between these societies. The importance of the sex ratio among the widowed above age 80 is brought into sharp relief, given that about 60% of people over 80 across all five societies are widowed (Table 2a). Since most care and support is needed above age 80, not only are women the primary group in need of care, but they are predominantly widows. In contrast, men over age 80 who need care or support are primarily married, so can rely on their wife for support should they require it.

Gender differences in late marriage and remarriage

The gender difference in 'being married' and in 'being widowed' is influenced not only by gender differences in life expectancy and age at first marriage, but also gender differences in rates of remarriage (following widowhood and divorce). Thus, an additional factor compounding the disproportionate number of widows compared with widowers is that widowers are more likely than widows to remarry including at very old ages. These higher remarriage rates of men reflect cultural norms and gender inequalities of power and status.

As little international comparative data is available on rates of remarriage by age and gender, Table 3 provides data on marriages above age 65 for men and women. The first column indicates the sex ratio of getting married above age 65, showing that in Canada and the UK twice as many men aged over 65 get married as women. However, in many societies this gender inequality is much greater, reaching around five times more men marrying above 65 than women in Greece and Turkey, and over eight times more men of this age marrying than women in Hong Kong.

.....
Table 3 about here
.....

The gender inequality in ‘being married’ and ‘being widowed’ across societies is enhanced in many societies where it is normative for the groom to be much older than the bride. Table 3 (second and third columns) shows among men and women who marry above age 65, what proportion marry a spouse who is under age 50. In each society, at least 5 times more older men marry a wife under 50, than older women marry a husband under 50. This gender asymmetry in marriage ages is very stark in many countries. Older men are over 30 times more likely to marry a women under 50, than older women marry a man under 50, in Japan, Korea, Hong Kong and Turkey. In general, very small proportions (under 2%) of women over 65 marry a husband under age 50. In Hong Kong, two-thirds of marriages of older men are to women under 50, and in Brazil and Turkey this is the case for over a third of marriages of older men. These large marriage age differentials reflect cultural traditions interlinked to broader gender inequalities and patriarchal ideologies in these societies. Thus, the greater the marriage age differential in societies, the greater the likelihood that men will be married even at very old ages, and the greater the likelihood that women will be widowed and live as a widow for more years of their life.

Discussion and Conclusions

The span of later life from age 65 is increasing in all societies, and there is growing concern about to what extent intergenerational relationships can support the increasing needs for financial support and caregiving that will be required by the burgeoning older population. The chapter discussed four societal changes that are bringing these changes into sharper relief: the impact of transnational and rural-urban migration, the greater participation of

women in paid work, decreasing co-residence in multi-generational households, and the fall in fertility and increase in childlessness. These changes have impacts on intergenerational flows of financial and caring support between generations. Thus, societal, cultural and economic changes globally mean that the nature of intergenerational relations is changing with consequences for elders, particularly older women. These societal trends simultaneously reduce availability of carers for frail elders, while increasing grandparents' role in childcare. They are likely to influence the availability of family caregivers for frail or disabled elders, with the greatest care gap likely to be experienced by older widows, who are particularly vulnerable in most societies in later life, and comprise the largest segment of frail older people in need of care in later life.

Policy-makers often treat the ageing population as if it is homogenous. This chapter focused on two sources of diversity among the older population, namely gender and marital status. (Although this focus does not deny other important sources of difference and disadvantage in later life.) Across nearly all societies, more women than men survive to advanced ages, and through frailty, mental confusion or disabled, often require care or support to remain living in the community.

Older married people in the UK, irrespective of gender, are highly advantaged in terms of their material resources, living circumstances, and access to caring support (Arber and Ginn, 1991, 1995). However, this gender similarity among the married must be tempered by the recognition that over three-quarters of older men are married, and most are married when they die. In contrast the advantages associated with marriage are the province of only a minority of older women. Research in western societies shows that widows are much more likely to live in poverty than married older people and than widowers (Ginn, 2003; de Santis et al., 2008). Widows, constitute over half of all older women across most societies. More research is needed on the well-being and access to caring support for both widows and widowers in developing societies, especially where there is a lack of state health and welfare support for older adults.

Extensive research in the UK suggests that married older people who become disabled will be cared for by their spouse irrespective of gender (Arber and Ginn, 1991, 1992; Rose and Bruce 1995). Across the societies considered in this paper, since there are many more married older men than married older women, men are much more likely to receive care

from their spouse. However, the small proportion of older married women may receive little caregiving support from their husbands in many societies. In Asia and other emerging societies, if older married women are frail and disabled, cultural norms may mean they cannot rely on receiving care from their husband, but may have to depend on daughters or daughters-in-law or other caregivers who, due to declines in co-residence, are increasingly likely to live elsewhere.

Marital status has a critical impact on older people's need for care and support from relatives or others *outside* their household, and from state and private services. Global societal changes mean that older women are more likely in the future to live alone. Older women are likely to experience the disadvantages associated with living as a widow, which may be particularly poignant in societies with little welfare state provision and where there is welfare state retrenchment.

References

- Albertini, M., Kohli, M. and Vogel, C. (2007) 'Intergenerational transfers of time and money in European families: common themes – different regimes?' *Journal of European Social Policy*, 17: 319-334.
- Arber S. (2004a) 'Gender trajectories: How age and marital status influence patterns of gender inequality in later life'. In S Olav Daatland and S Biggs (eds) *Ageing and Diversity: Multiple Pathways and Cultural Migrations*. Bristol: The Policy Press, pp 61-76.
- Arber S. (2004b) 'Gender, marital status and ageing: Linking material, health and social resources'. *Journal of Aging Studies*, 18 (1): 91-108.
- Arber, S., Davidson, K. and Ginn, J. (eds) (2003) *Gender and Ageing: Changing Roles and Relationships*, Maidenhead: Open University Press.
- Arber, S. and Ginn, J. (1991) *Gender and Later Life: a Sociological Analysis of Resources and Constraints*. London: Sage.
- Arber S. and Ginn J. (1992) 'In sickness and in health: Caregiving, gender and the independence of elderly people', in C Marsh and S Arber (eds) *Families and Households: Divisions and Change*, London: Macmillan.
- Arber, S. and Ginn, J. (eds) (1995) *Connecting Gender and Ageing*, Buckingham: Open University Press.

Arber S. and Ginn, J. (2005) 'Gender dimensions of the age shift'. In M. Johnson (ed) *The Cambridge Handbook of Age and Ageing*, Cambridge: Cambridge University Press, Chapter 6.5, pp 527-537.

Arber, S. and Thomas, H. (2001) 'From women's health to a gender analysis of health'. In W.C. Cockerham (ed) *The Blackwell Companion to Medical Sociology*, Oxford: Blackwell.

Arber, S. and Timonen, V. (eds) (2012) *Contemporary Grandparenting: Changing Family Relationships in Global Contexts*, Bristol: Policy Press.

Attias-Donfut, C. and Woolf, F-C. (2000a) 'The redistributive effects of generational transfers', in S. Arber and C. Attias-Donfut (eds) *The Myth of Generational Conflict*, London : Routledge.

Attias-Donfut, C. and Woolf, F-C. (2000b) 'Complementarity between private and public transfers', in S. Arber and C. Attias-Donfut (eds) *The Myth of Generational Conflict*, London : Routledge.

Baker, L. and Silverstein, M. (2012) 'The well-being of grandparents caring for grandchildren in rural China and the United States' in Arber, S. and Timonen, V. (eds) *Contemporary Grandparenting: Changing Family Relationships in Global Contexts*, Bristol: Policy Press.

Bould, S. and Casaca, S.F. (2011) 'Aging populations, chronic diseases, gender and the risk of disability', *SOCIUS Working Papers No. 02/2011*, Lisbon: SOCIUS.

Calasanti, T.M. and Slevin, K.F. (2001) *Gender, Social Inequalities, and Aging*. Walnut Creek, CA: AltaMira Press.

Calasanti, T.M. and Slevin, K.F. (eds) (2006) *Age matters : Realigning Feminist Thinking*, New York: Routledge.

De Santis, G., Seghieri, C. and Tanturri, M.L. (2008) 'Economic well-being in old age in Italy : does having children make a difference?', *Genus*, LXIV(1-2) : 75-99.

Doyal, L. (1995) *What Makes Women Sick: Gender and the Political Economy of Health*. London: MacMillan.

Estes, C.L. (1999) 'Critical gerontology and the new political economy of aging.' In *Critical Gerontology*, edited by M. Minkler and C. L. Estes. Amityville, NY: Baywood.

Estes, C.L and Wallace, S.P. (2010) 'Globalisation, social policy, and ageing : A north American perspective'. In D. Dannefer and C. Phillipson (eds) *The Sage Handbook of Social Gerontology*, New York: Sage.

Fuse, K. and Crenshaw, E.M. (2006) 'Gender imbalance in infant mortality: A cross-national study of social structure and female infanticide', *Social Science and Medicine*, 62(2): 360-374.

Gaymu, J., Festy, P., Poulain, M. and Beets, G. (eds) (2008) *Future Elderly Living Conditions in Europe*, Paris, INED, Les Cahiers de l'INED, 162

Ginn, J. (2003) *Gender, Pensions and the Lifecourse: How pensions need to adapt to changing family forms*, Bristol: Policy Press.

Guo, M., Aranda, M.P. and Silverstein, M. (2009) 'The impact of out-migration in the inter-generational support and psychological wellbeing of adults in rural China', *Ageing and Society*, 29: 1085-1104.

Hagestad, G. (2006) 'Transfers between grandparents and grandchildren: The importance of taking a three-generation perspective, in *Zeitschrift für Familienforschung*, vol 3: 315-332.

Hagestad, G. and Herlofson, K. (2005) 'Micro and macro perspectives on intergenerational relations and transfers in Europe' in *Report from United Nations Expert Group Meeting on Social and Economic Implications of Changing Population Age Structures*, New York: United Nations Department of Economic and Social Affairs and Population Division.

Herlofson, K and Hagestad G. (2012) 'Transformations in the role of grandparents across welfare states' States' in Arber, S. and Timonen, V. (eds) *Contemporary Grandparenting: Changing Family Relationships in Global Contexts*, Bristol: Policy Press.

Isaksen, L.W., Devi, S.U. and Hochschild, A.R. (2008) 'Global care crisis: A problem of capital, care chain, or commons?', *American Behavioural Scientist*, 52: 405-25.

Keck, W. (2008) 'The relationship between children and their frail elderly parents in different care regimes', in C. Saraceno (ed) *Families, Ageing and Social Policy: Intergenerational Solidarity in European Welfare States*, Cheltenham, UK: Edward Elgar.

Kohli, M., Kunemund, H., Motel, A. and Szydlik, M. (2000) 'Families apart ? Intergenerational transfers in east and west Germany', in S. Arber and C. Attias-Donfut (eds) *The Myth of Generational Conflict*, London: Routledge.

Kunemund, H. (2008) 'Intergenerational relations within the family and the state', in C. Saraceno (ed) *Families, Ageing and Social Policy: Intergenerational Solidarity in European Welfare States*, Cheltenham, UK: Edward Elgar.

Manning, W.D. and Brown, S.L. (2011) 'The demography of unions among older Americans, 1980-present: A family change approach', in R.A. Settersten Jr. and J.L. Angel (eds) *Handbook of Sociology of Aging*, New York: Springer.

Mutchler, J.E. and Burr, J.A. (2011) 'Race, ethnicity and aging', in R.A. Settersten Jr. and J.L. Angel (eds) *Handbook of Sociology of Aging*, New York: Springer.

Rose, H. and Bruce, E. (1995) 'Mutual care but differential esteem: caring between older couples', in S. Arber and J. Ginn (eds) *Connecting Gender and Ageing*, Milton Keynes: Open University Press.

Santow, G. (1995) 'Social roles and physical health: The case of female disadvantage in poor countries.' *Social Science and Medicine*, 40: 147-161.

Saraceno, C. (ed) (2008) *Families, Ageing and Social Policy: Intergenerational Solidarity in European Welfare States*, Cheltenham, UK: Edward Elgar.

Silverstein, M., Cong, Z. and Li, S. (2006) 'Intergenerational transfers and living arrangements of older people in rural China: Consequences for psychological well-being', *Journal of Gerontology*, 61B (5): S256-266.

United Nations (2008) *Demographic Yearbook, 2006*, New York: United Nations.

United Nations (2009) *Demographic Yearbook, 2007*, New York: United Nations.

Table 1. Expectation of Life at Birth and age 65 by Gender and Country

	<u>Expectation of Life at Birth</u>			<u>Expectation of Life at 65</u>		
	Male	Female	M/F Dif	Male	Female	M/F Dif
'High' Diff						
Canada - 2004	77.8	82.6	+5.8	17.7	21.0	+3.3
US - 2004	75.2	80.4	+5.2	17.1	20.0	+2.9
Japan - 2006	79.0	85.8	+6.8	18.5	23.4	+4.9
France - 2005	76.8	83.8	+7.0	17.7	22.0	+4.3
Finland – 2006	75.8	82.8	+7.0	16.8	20.9	+4.1
UK – 2000	75.3	80.1	+4.8	15.7	18.8	+3.1
Brazil - 2005	68.1	75.8	+7.7	16.0	18.6	+2.6
'Excess' Diff						
Russia - 2006	60.4	73.2	+12.8	11.4	15.6	+4.2
Belarus - 2006	63.6	75.5	+11.9	11.4	16.2	+4.8
Estonia – 2005	67.2	78.1	+10.9	13.1	18.0	+4.9
Modest difference						
China – 2000	69.6	73.3	+3.7	-	-	-
Singapore - 2005	77.9	81.6	+3.7	20.9	23.6	+2.7
Cuba – 2001-3	75.1	79.0	+3.9	17.7	21.0	+3.3
Zimbabwe – 2001-2	42.7	45.9	+3.2	12.5	14.5	+2.0
Abnormal low diff						
India - 2005	62.3	63.9	+1.6	13.5	15.3	+1.8
Pakistan - 2003	64.7	65.6	+0.9	15.4	15.4	0
Eqypt – 2001	65.6	67.4	+1.8	12.1	11.7	-0.4
Algeria – 2000	72.5	74.2	+1.7	16.1	16.6	+0.5

Source: United Nations (2008) Demographic Yearbook, 2006, New York: United Nations. Derived from Table 22.

Table 2. (a) Marital status distributions and (b) Sex Ratios of married or widowed, aged 65+ and 80+, in Canada, France, Japan, Singapore and Turkey

	Canada 2001	France 1999	Japan 2000	Singapore 2000	Turkey 2000
(a) % Distribution					
<u>Age 65+</u>					
Married	56.4	55.8	62.3	58.1	65.1
Widowed	30.7	32.1	32.1	36.8	34.1
Divorced + Never	<u>12.9</u>	<u>12.1</u>	<u>5.4</u>	<u>5.1</u>	<u>0.8</u>
Married	100%	100%	100%	100%	100%
Total	3888560	9749280	21645928	231325	3796430
N=					
<u>Age 80+</u>					
Married	34.8	30.5	33.1	35.5	38.8
Widowed	56.1	58.8	62.8	61.6	58.9
Divorced + Never	9.1	10.7	4.1	2.9	2.4
Married	100%	100%	100%	100%	100%
Total	932050	2333882	4760001	40134	462844
N=					
(b) Sex Ratios					
<u>Age 65+</u>					
Sex Ratio (F/M)	1.34	1.46	1.39	1.22	1.25
Married ratio (F/M)	0.76	0.80	0.76	0.63	0.67
Widowed ratio (F/M)	4.82	5.50	5.59	5.06	4.61
<u>Age 80+</u>					
Sex Ratio (F/M)	1.93	2.17	2.05	1.69	1.54
Married ratio (F/M)	0.54	0.54	0.45	0.45	0.51
Widowed ratio (F/M)	4.93	5.53	6.15	4.32	3.60

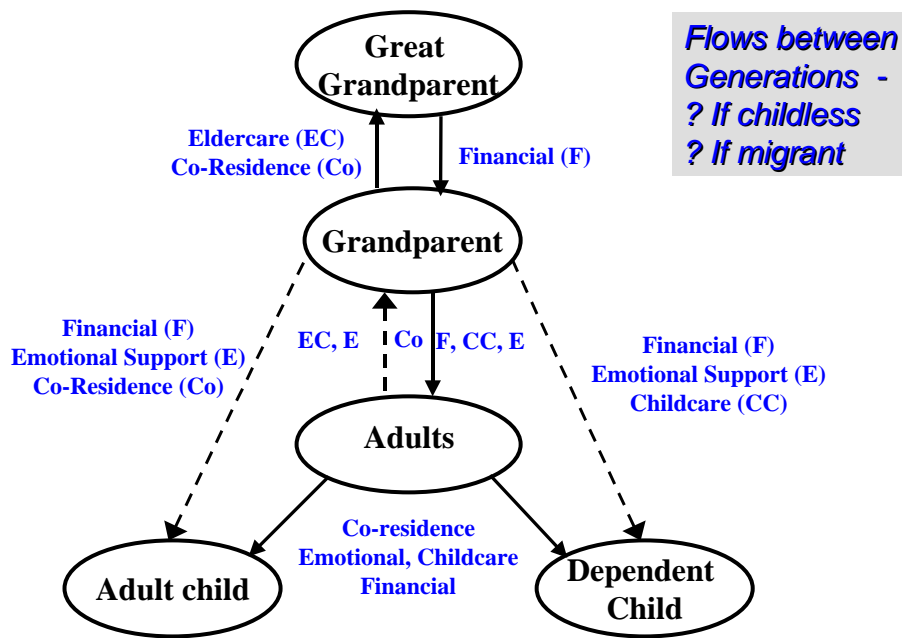
Source: United Nations (2009) Demographic Yearbook, 2007, New York: United Nations. Derived from Table 2.

Table 3. Marriages of men and women above age 65 by Country

	Marriages age 65+ Male/Female Ratio	% of Men aged 65+, who marry a wife under age 50	% of Women aged 65+, who marry a husband under age 50
Canada - 2002	1.91	9.6% (3246)	1.3% (1719)
UK - 2002	2.05	14.4% (4955)	1.9% (2414)
France - 2006	2.17	15.8% (4737)	3.3% (2187)
Germany - 2006	2.37	16.5% (7367)	2.2% (3109)
Italy - 2005	4.32	32.6% (3065)	5.9% (709)
Greece - 2006	5.05	28.3% (757)	2.0% (150)
Turkey - 2006	5.33	40.4% (4675)	0.9% (877)
Brazil – 2006	3.79	36.6% (17699)	7.0% (4666)
Japan - 2006	2.42	18.6% (4147)	0.5% (1714)
Korea - 2006	3.18	16.1% (1901)	0.2% (597)
Hong Kong – 2005	8.44	67.3% (1486)	2.8% (176)

Source: United Nations (2009) Demographic Yearbook, 2007, New York: United Nations. Derived from Table 24.

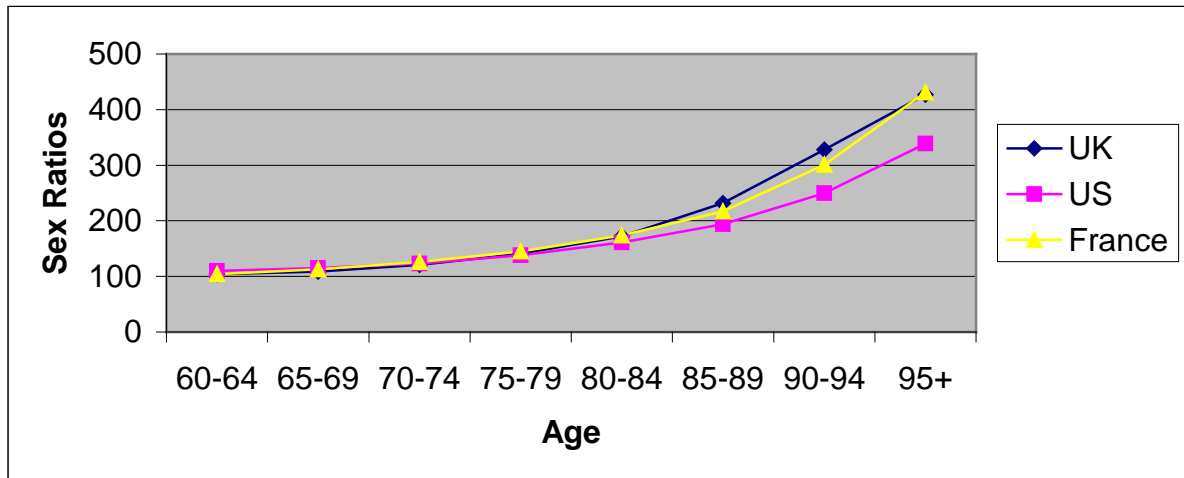
Figure 1. Nature of Intergenerational Transfers between Generations



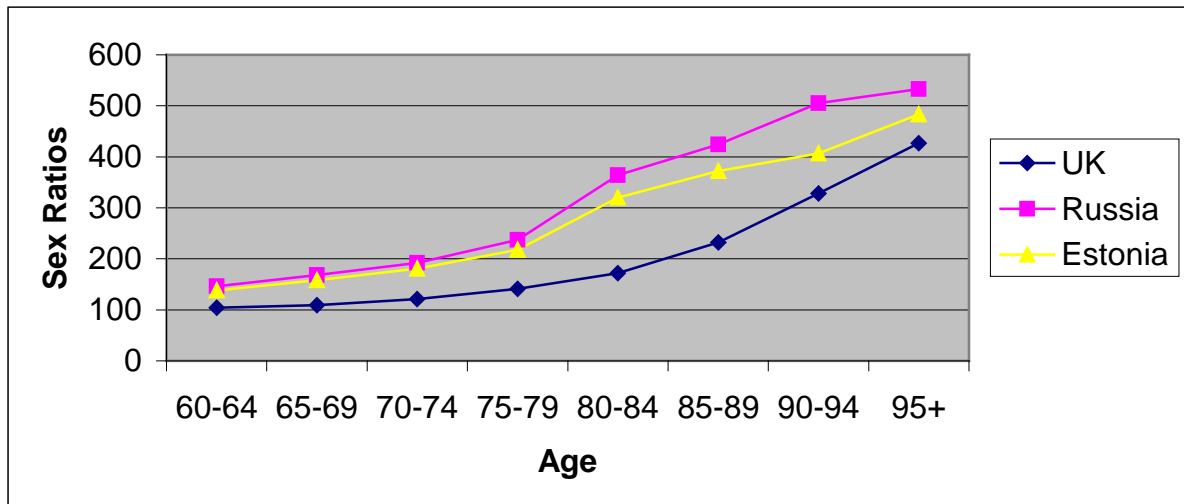
- F** Financial and material support
- Co** Co-residence
- CC** Childcare
- EC** Eldercare
- E** Emotional support

Figure 2 Sex Ratios (Female/Male) in 5 year age groups above age 60 across countries.

(a) UK, US and France



(b) Russia, Estonia and UK



(c) India, Pakistan and Cuba

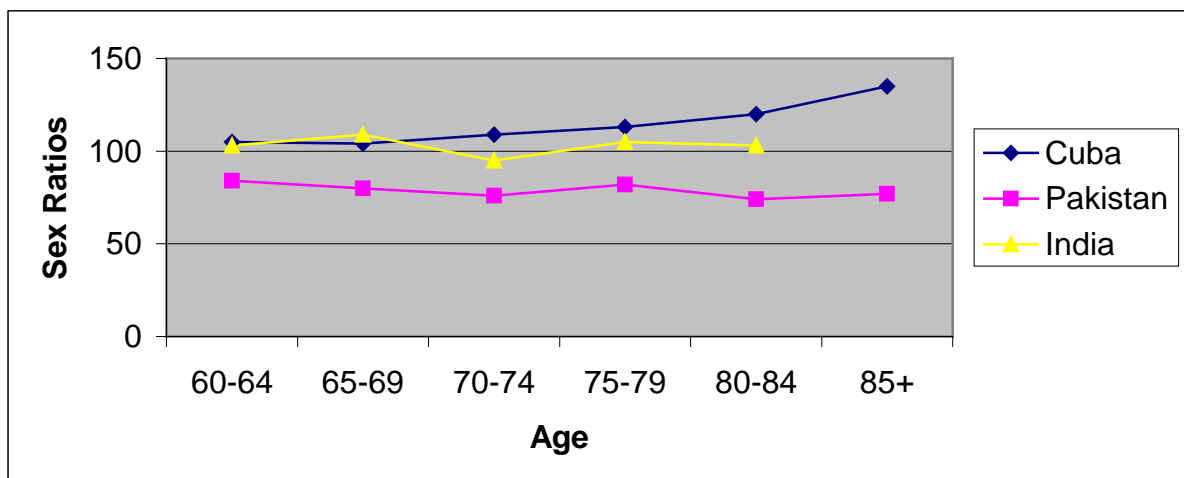
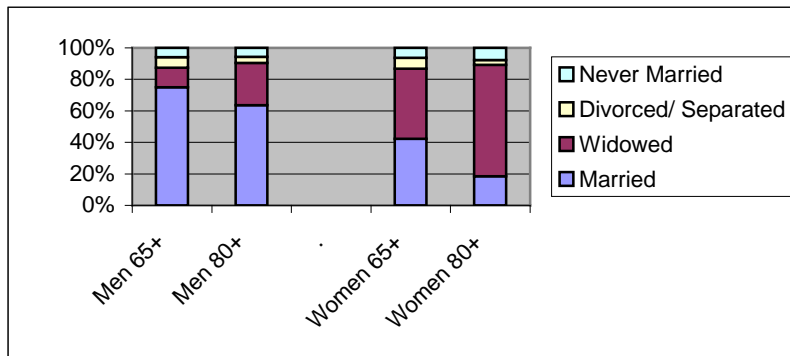
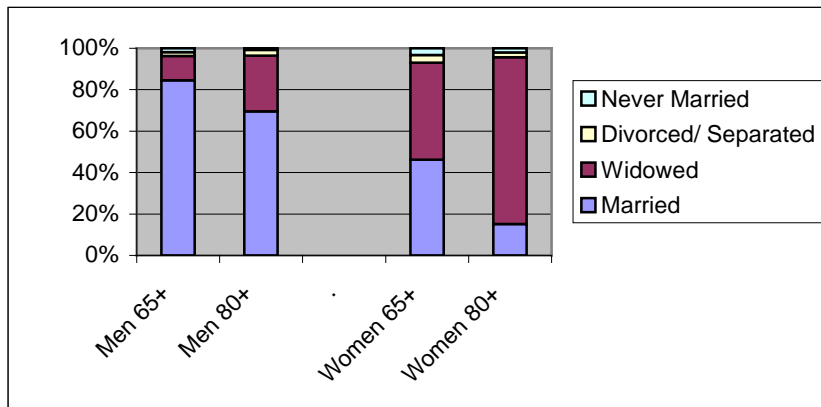


Figure 3. Marital status distributions by gender, aged 65+ and 80+ in 4 societies.

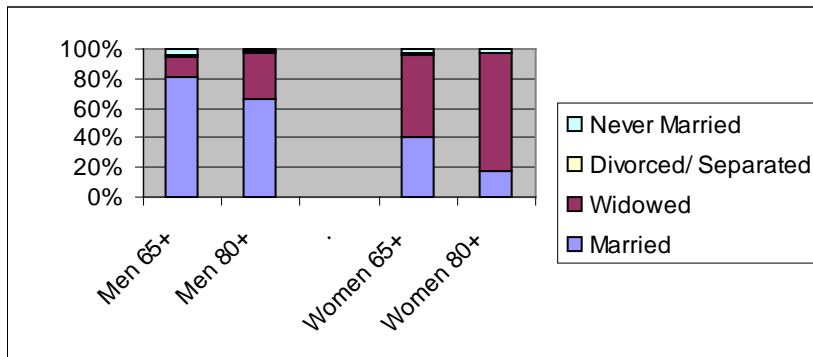
(a) Canada (2001)



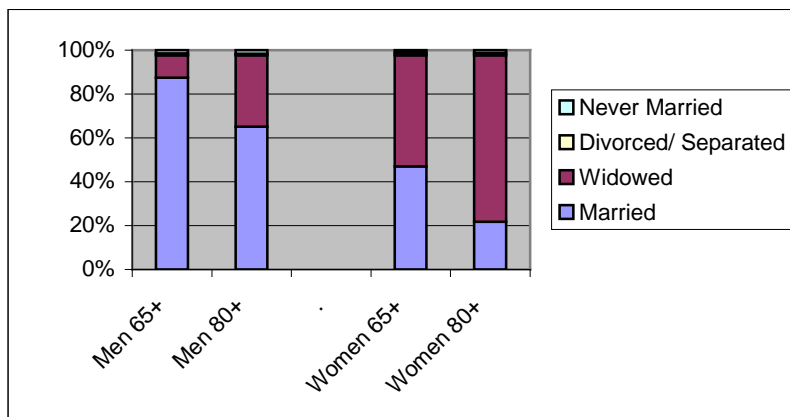
(b) Japan (2000)



(c) Singapore (2000)



(d) Turkey (2000)



UN (2009) Demographic Yearbook, 2007, Derived from Table 2.

