



**„School of sociological
doctoral Studies”**

COLLECTION OF THESIS

Andrea GYARMATI

„Grandparents and grandchildren”

**„ Features and changes in care transfers from grandparents to
grandchildren”**

Ph.D. thesis

Tutor:

„Ildikó HUSZ, Ph.D”

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„ Institute of Sociology and Social Policy”

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TABLE OF CONTENTS

1. RESEARCH BACKGROUND, RELEVANCE OF THE TOPIC.....	4
1.1.Theoretical framework.....	5
2. USED METHODOLOGIES	8
3. THE FINDINGS OF THE THESIS	10
4. MAIN REFERENCES	15
5.PUBLICATIONS OF THE AUTHOR ON THE SUBJECT	26

1. RESEARCH BACKGROUND, RELEVANCE OF THE TOPIC

Ageing is known demographic phenomenon in every European country. According to the European Commission's report of 2014, the rate of people older than 65 years will increase from the current 18% to 28% by 2060, while the rate of people older than 80 years will increase from 5% to 12%. Aging has started when the first demographic transition took place, that is, when the number of births decreased in parallel with the increase in life expectancy at birth. This phenomenon is known as the vertical expansion of the family, which means there are three or four generations in more and more families while the collateral kinship is less extensive. Children are more and more likely have their grandparents alive when they grow adult, so connections between generations are more common in contrast with connections within generations. In Britain, for example, 80% of the 20-years-olds have alive grandparents, that is, three of four generations may coexist in a family at the same time (Hagestad-Uhlenberg, 2007).

This is important because potentially, due to the demographic changes, more and more grandparents help will be available for families. However, since becoming mother happens in later stage of life, becoming grandparent occurs in later stage of life too; this was in parallel with child care, grandparents are going to be needed for child care and for EU employment purposes as well. One of the objectives of 2020 Strategy issued by the European Commission is to increase the employment rate to 75% by 2020 (European Commission, 2010). According to the Eurostat data¹, in the 28 member states, the rate of women was 62,6% in 2013 and in Hungary, it was only 57%.

The image of elderly and grandparents has been going through changes. A growing number of research and policy (see active aging) recognize that they are resources (and not burdens) for families and for the whole society. Moreover, the issue of the relationship between transfer types is not cleared theoretically or empirically.

¹http://ec.europa.eu/eurostat/tgm/refreshTableAction.do?tab=table&plugin=1&pcode=t2020_10&language=en

Further contemplation of the topic is required, because the research of intergenerational relations, including grandparents as care givers in sociological analyses, is in its infancy not only in Hungary but in Europe as well. Empirical data about grandparents are mostly available relating the USA and the UK.

As far as I know, domestic empirical data collection and analysis about intergenerational care transfer and their changes over time have not been made yet.² Therefore, a larger – larger than usual – portion of my thesis deals with the literature of this topic both on theoretical and empirical level. I find it important to conceptualize the notions, to present factors that influence grandparental care both on micro- and macro-level in details and to model these factors' possible relationship to each other. In the subsequent historical level (care regimes), then – I analyse the factors influencing grandparental care in the part which is based on empirical analysis of data, quantitative and cross-sectional data. With the time use records, I could examine the changes before and after the regime change. Finally, I tried to discover the attitudes, values and motivations for the changes qualitative data analysis.

This paper is primarily intended to present and describe grandparental care as a kind of intergenerational transfer and to identify generational changes and their reasons.

1.1.Theoretical framework

Because of the declining fertility and the development of medical science, the rate of old and especially old (80+) people in developed countries has increased. Due to the increasing life expectancy, it is more likely for a child to have long relationship with their grandparents while they grow up. However, it is a potential care time, which realization depends on several factors. In my thesis, I am intending to discover these factors using various methodologies.

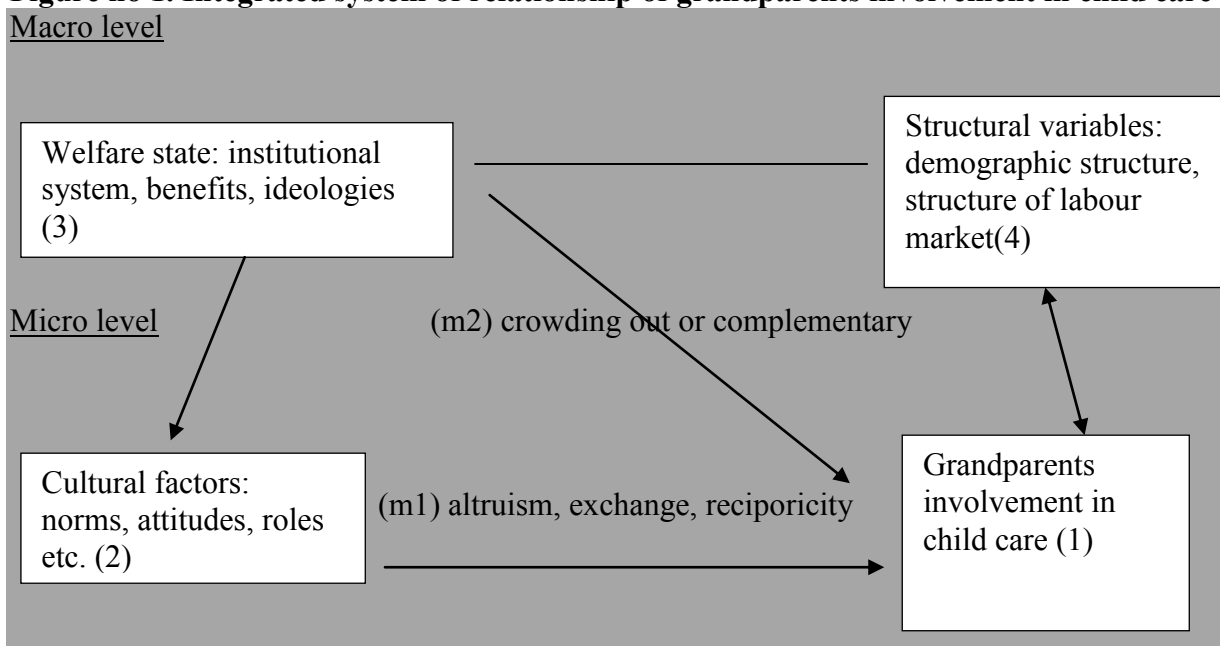
According to the theoretical model:

The grandparents' involvement in child care and its intensity are influenced by social norms on macro level, responsibilities, habits, attitudes through the mechanism of exchange, altruism and reciprocity. The norms on macro level are influenced by the welfare state on macro level, that is, the core dimension of welfare regimes including structural and institutional factors as well. The generating mechanism can be called as

² However, Harcsa István's family cohesion research (2014) is worth mentioning, as a wider framework in which care transfer can exist

institutional of system effect. On the other hand, the welfare state has a direct effect on grandparental child care by the welfare transfer – this mechanism is the effect presented as crowding out or complementary hypothesis. The welfare state affects the structural variables on macro level, such as fertility rates, aging, the frequency of divorce, the frequency of multi-generational households. Structural variables as macro level retroact upon the frequency and intensity of grandparents’ involvement in child care on macro level. Finally, the grandparents’ involvement in child care also retroact upon the structural variables on macro level (e.g. it enhances fertility).

Figure no 1. Integrated system of relationship of grandparents involvement in child care



In addition, my aim is to present changes over time. There are micro- and macro level factors that suggest an increase in grandparental childcare, like:

1. ageing, the rate of people over 50 years is increasing so there will be more and more people at grandparent age, especially, the rate of women is increasing,
2. vertical expansion of the family, that is more and more generations coexist and the relationship between them becomes more important than the collateral kinship ties,
3. more frequent occurrence of family crises: in parallel with the economic changes, the families’ burden is also enlarged; coordination of work and childbearing are becoming more difficult, the parents’ deviant behaviour became more frequent so in such cases, often the grandparents often took over the task of the grandchild’s socialization,

4. due to the increase in the number of single-parent families, the mother-daughter bonds are becoming stronger,
5. increase in the rate of women's employment resulting in that the grandparent becomes the primary helper,
6. due to the increase in child care costs, parents are more likely to use grandparental help as paid help,
7. family policies aimed at equality of opportunity, that is, if there are adequate quality and number of institutional care that provide daytime child care, the grandparents are more likely to help than if they were obliged to do it (functional distribution)

while other factors decrease its probability:

1. decrease in fertility rate: there are fewer and fewer grandchildren,
2. as a result of the increase in women's childbearing age, the grandparents are in an age at the time of the childbirth when they also need care,
3. increase in geographical distance between the families because of the growth of mobility, the intergenerational relationships are often interrupted,
4. the frequent divorce of the grandparents; due to the divorce, typically one of the grandparents – mostly, the grandfather – drop out of the child care,
5. increase in number of people without grandchildren: directly resulting from the decrease in fertility,
6. decline in the number and proportion of multi-generational households: it is also in connection with the increased geographic distance,
7. pushing the retirement age: the later an old person retire, the more likely their health deteriorates so much that they cannot participate in the care of the grandchildren,
8. family policy that prefers one-earner family and one-caregiver family model: long parental leave (the mother stays at home with the child) – grandparental help is unnecessary,
9. different parental attitudes: parenting principles of upbringing small children can rapidly differ from the grandparents' views, which can cause conflicts.

Thirdly, my aim was to discover the social processes on micro level (attitude, motivations, explanations).

2. USED METHODOLOGIES

I did secondary analysis (quantitative, large sample survey data) and I examined grandparents' involvement in childcare and the factors that influence its intensity with the analysis of quantitative, large sample survey in crosstabs and multivariable models. I analysed temporal changes in a descriptive way and in multivariable model.

I tried to discover the micro social processes behind the changes by using the method of qualitative data analysis.

The time horizon of the research covers the period between 1987 and 2004. The quantitative data analysis is divided into two parts: a part that presents cross-sectional changes and another part that presents temporal changes. For the former, I used the data of Generations and Gender Survey of 2014 relating to Hungary. The involvement of this database is required because on the one hand, the intensity of care can be examined beside the characteristics of the transfer provider and recipient; on the other hand, the data can be compared to international data since its code system is standardized. The latter was important for the later extensibility and continuation. For the presentation of temporal changes I used the time use records of 1986/67 and 1999/2000 of HCSO (Hungarian Central Statistical Office). The involvement of time use record is necessary because analysis for this data collection is widespread for empirical approach in the international literature and also because this way the situation before and after the regime change can be compared.

I obtained the GGS data from Generation and Gender Programme (<http://www.ggp-i.org/>) and the time use database and documents from Tárki data bank.

A) Quantitative data analysis sources the variable studied

- 2004: Generation and Gender Survey, Hungary
- 1986/87 Time Use Record
- 1999/2000 Time Use Record

Studied variables in the GGS:

Dependent variable: intensity (monthly average number of care³) and frequency of grandparents involvement into child care (as dummy variable). Explanatory variable: socio-demographic characteristics (age, sex, number of grandchildren, age of the youngest grandchild, marital status, economic activity, level of education, size of the household⁴, health status⁵) of grandparents involved into child care; socio-demographic characteristics (age, level of education, economic activity, marital status, number of children, age of the youngest child) of the parent who receives help for child care; use of institutional child care.

Variables examined in the time use records:

Dependant variable is the activity of carrying out child care expressed in minutes, explanatory variables: sex, age, level of education, size of the household, economic activity and marital status.

For the qualitative interview analysis I analysed interviews made for the research (research leader: Péter Török) in the National Institute of Family and Social Policy in 2005 (N=55). Source for qualitative research: Research in four generations, National Institute of Family and Social Policy, 2004 (secondary analysis of narrative interviews with grandparents, great grandparents and parents, N=55). As for the questionnaire for grandparents, I analysed the following topics: becoming grandparent, retirement, expectations from the state, asking for and giving help.

³ Unfortunately, the questionnaire only dealt with the monthly average number of occasions of care and we do not know the duration of each occasion

⁴ I could measure geographic distance only with the size of the households

⁵ Whether they have chronic illness

3. THE FINDINGS OF THE THESIS

3.1 In terms of clarification of notions an important finding of the thesis is that the care transfers work differently depending on different factors than instrumental or monetary transfers, furthermore their social functions also differ. The type of transfers depends on the level of education, marital status and sex (people with higher educational level, very old people, singles and men prefer financial support). There are considerable differences between the regions of Europe: in the northern countries, financial support and help in care is more common but less intense while in southern countries, the opposite is true. The flow of care transfers is asymmetric: the direction from grandparents to grandchild is more common and more intense. The lack of reciprocation may be related to the operation of the pension system (pay as you go system is based on intergenerational solidarity).

3.2 Types of welfare states including child policy models and tools have different effect on the grandparents' involvement into care for small children (on its extent, intensity and manner). The effect can be direct-intended or indirect-unintended. Findings of empirical studies prove that services provided by a welfare state do not displace families' child transfers like it was previously assumed, but rather functionally complement them, thereby providing opportunities for the family member to participate in the care and to voluntarily involve in support provision.

3.3 I did qualitative and quantitative data analysis in order to compare the relations of the international literature with data relating Hungary. I examined the characteristics of those who participate in the care of the grandchildren and who receive help. I found that the grandparent's sex, economic activity, health status and the number of grandchildren have less significance in the involvement into care, in Hungary, in contrast with international data. The effect of age was significant, the older they get the less grandparental involvement they could perform. The positive effect of higher educational level and the size of the household could be also reinforced with Hungarian data. Thus, the typical grandparent is below 55 years old, has higher level of education and lives in a household that has many members; and although

the separate impact of economic activity in the multivariable analysis disappeared, according to the crosstabs, significantly higher proportion of employed people take part in child care as pensioners.

3.4 New element of my thesis is the distinction between the frequency and intensity of care and its analysis in accordance with social groups. We distinguish the intensity of care (measured by the frequency of care in a month) from the involvement into care in terms of notion and variables. We found that the group who participate in intensive care is different from the group who involve in care. Intensive care has statistical correlation with household size, economic activity and sex. The people related to intensive care mostly live in households with member 5+, are women and economically active and have not reached the retirement age. The involved ones are not from the same socio-economic groups like the intensively involved ones – those who intensively involve have lower social status.

3.5 It is important to point out that the empirical result who that the role of pensioners is much smaller than we assumed in public thinking in terms of care grandchildren (frequency and intensity).

3.6 As for the parents, that is, who receive transfers, we found age to be important (younger parents are more likely to receive help); however sex was not important in this case either. In contrast, the chance for receiving help in care increased in parallel with level of education. This result is not consistent with international results, where mother with lower educational (in accordance with their worse labour market position) level are more likely to receive help. Similarly, the effect of marital status is different from international correlations: In Hungary, it could not be proved that the single parents received more support than married parents. However, the most important result was the independent effect of institutional day care: Hungarian data seem to confirm complementary hypothesis that states the welfare transfers (primarily, the tools that coordinate work and home) do not crowd-out but complement family transfers in a welfare state. According to the interpretation, it is because grandparents are willing to help voluntarily occasionally more than if they are required to do intensively – latter would be the case if there was not any day care/or there was not parental leave. It would be, however, worth further thinking this question, since it seems to be contradictory to economic activity. Economic activity did not have role either, that is, in Hungary, it is not typical that employed mother can rely on more grandparental help than those who are on maternity or parental leave. In my opinion, this is because the long and generally used

parental leave (the time use record showed, beside the declining tendency, grandparents spend time mostly on baby care; the rate of worker mothers who have child under the age of two was below 10%⁶ in Hungary in 2000). Similarly, the effect of marital status is different from international correlations: In Hungary, it could not be proved that the single parents received more support than married parents. However, the most important results were the independent effect of institutional day care: Hungarian data seem to confirm complementary hypothesis that states the welfare transfers (primarily, the tools that coordinate work and home). That is those children who receive day care are more likely to receive grandparental help. According to the interpretation, it is because grandparents are willing to help voluntarily occasionally more than if it is done compulsory and intensively – latter would be the case if there was not any day care and/or there was not parental leave. It would be, however, worth further thinking this question, since it seem to be contradictory to economic activity (in theory, those mother can use daytime care who work).

3.7 Time use records should that the grandparents' involvements into child care declined after the regime change. In 1987, 10,6% of people over the age of 50 took role in child (grandchild) care, while in 2000, this rate declined to 7,7%. However, average time spent on care in a day increased from 94 minutes to 109 minutes. As for the care, infant care required the most time in both years. Temporal comparison showed that the socio-economic features of grandparents involved in child care did not change by 2000. Thus, the change in the sample could be the reason of the participation's decline, since those groups' proportion enlarged within the society (67+, pensioner, single-person, households) which less active in the care of the grandchildren. These groups' increase could not be counterbalanced by the increase in the level of education.

3.8. I examined the micro level and cultural changes in intergenerational relationships with secondary analysis of qualitative data of interviews. As for the direction of the changes, it can be told that comparing the life path of the generations, the role of individual choice is increasing regarding decision making, shaping life path and shaping intergenerational transfers. Resulting from the individualism, the linearity of life path breaks in parental generations; everyone is responsible for what happens to them; it is individual choice that to which family member and how they provide help from who and what they receive. They rather strive for equal relationship with their parents and children than hierarchical

⁶ HCSO, Labour Force Survey

relationships. However, they do not always feel changes to be clearly good; a good example is the change in grandparent (grandmother) image.

Following the life paths of the generations, we found the grandparents generation to be the best in terms of social status mobility, financial well-being. They were born after WWII; the economic upturn, social mobility provided new opportunities for ascension so they are often called as career generation. At the same time, they make up the so-called “sandwich generation”, that is, despite their active age, they have burden of care towards both their parents and their children. The generations of the parents were born in the end of the 70’s, their opportunities were restricted by the socio-economic structural change after the regime change

The socio-economic changes influence the great grandparents’ and the grandparents’ help provision practice as well. As for the great grandparents, location (living together) type of support was dominant, while in the case of the middle generation – in parallel with the measures of the Kádár era for increasing the standard of living- the financial support (buying a house) was more common. It has a direct consequence, that is, the decrease in the number of multigenerational households and the growth of geographic distance resulted in the decrease in the frequency of care.

As for the care of grandchild, quality and quantity can be separated: there is a change in both. The grandparents provide less help in terms of time and occasional help is more typical compared to the great-grandparents. Its reasons are complex. The decrease of help is due to the fact that the grandparents are economically active and have dual burden of care; they feel that the parents require less help (the mother because of the paid parental leave, is at home with the child and they can afford paid help), the parents do not necessarily need help in care either (they do not agree on the educational principles with the grandparents’ generation). However, the activities relating care are expanded, that is, educating children becomes more conscious and the need for transfer knowledge emerge. An important change is that there is a slow shift in the men’s role sets – especially in the fathers’ generation – towards an emotional (warm, permissive) father type. These fathers strive for a more equal relationship with their wife and children (they help in the housework, child-rearing, they strive for strong bond with their children).

As for the function of transfer allocation, there were two clear functions in the case of the great grandparents and grandparents. On the one hand, the ability of help provision could make the grandparents feel that they are still useful members of the family. On the other hand,

the care as community building and integrative force (social capital also appeared during the interviews: not only in relation to the mother-daughter but also in relations to the whole family).

3.9 Examining the changes of the welfare state that started before WWII and is still taking place, we found that our political system is characterized by strong institutional path-dependence. This means, that the aim of family policy is still the increase of fertility especially. We saw that the system of provision has hardly changed anything since the 70's. This kind of maternalist family policy (Aczél-Szikra, 2012) does not wish to ease the women's burdens of care. It expects women's work, but it does not ensure opportunities to coordinate family and work – neither through rights of employee or ensuring institutional child care capacity. According to the literature, in such institutional environment, the families are forced to rely on their inner resources; the individual can expect help from primarily their family; the strong bonds are dominant (which also implies mistrust towards the state). However, as we analyzed the interviews, we had different findings: contrary to our expectations, the relationships of the generations are clearly loosening; the isolation of the mothers' generation can be observed; the symbiosis of mother and child; seek for contemporary female relationships and networks and these are enhanced by the poorly paid parental leave, the lack of paid employment opportunities. All these processes affect the change in the father's role negatively: although there is a significant change in the fathers' values and attitudes – in parallel with West European trends – compared to the grandfathers' generation, the institutional framework, the traditional family image and the maternalist family policy still only recognize and support the mothers' role for care.

All these have influence intergenerational relationships negatively as well. The missing welfare services (measures that help the coordination of work and private life) are no longer creating solidarity between the generations, they rather enlarge and aggravate the socio-economic changes' negative effects on the parents and children.

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