

**INFORMAL ELDERCARE AND VALUE ORIENTATIONS
UNDER
DIFFERENT WELFARE AND MODERNISATION CONDITIONS**
Progress report

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Contents

- What is new/ the progress of research?
- Theoretical Frame of „Freiburg-Approach“
- Research Questions and Central Hypotheses
- Data Base
- Operationalisation of Core Variables
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What is new / the progress of research?

- Elaboration of the Research Model - addition of further important predictors at

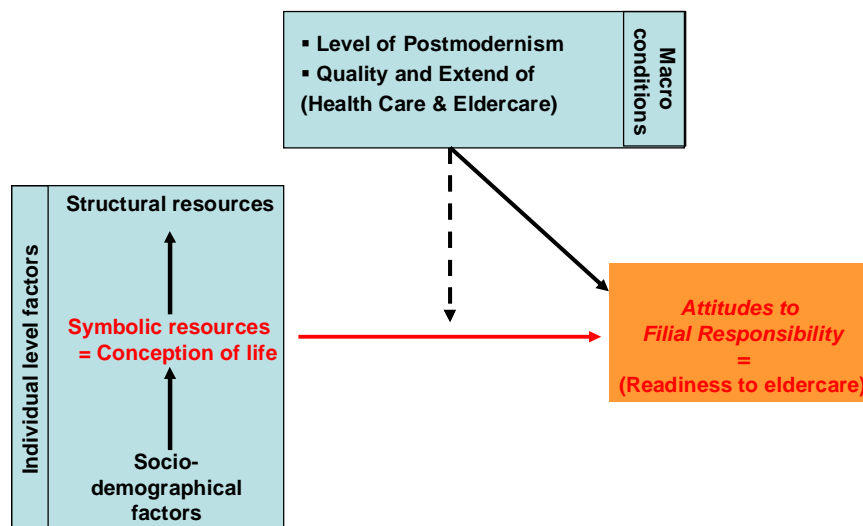
macro-level “Quality of Health and Elder Care Infrastructure”,
Economic development (dropped from the model due to a strong correlation with the measure of cultural Postmodernism)

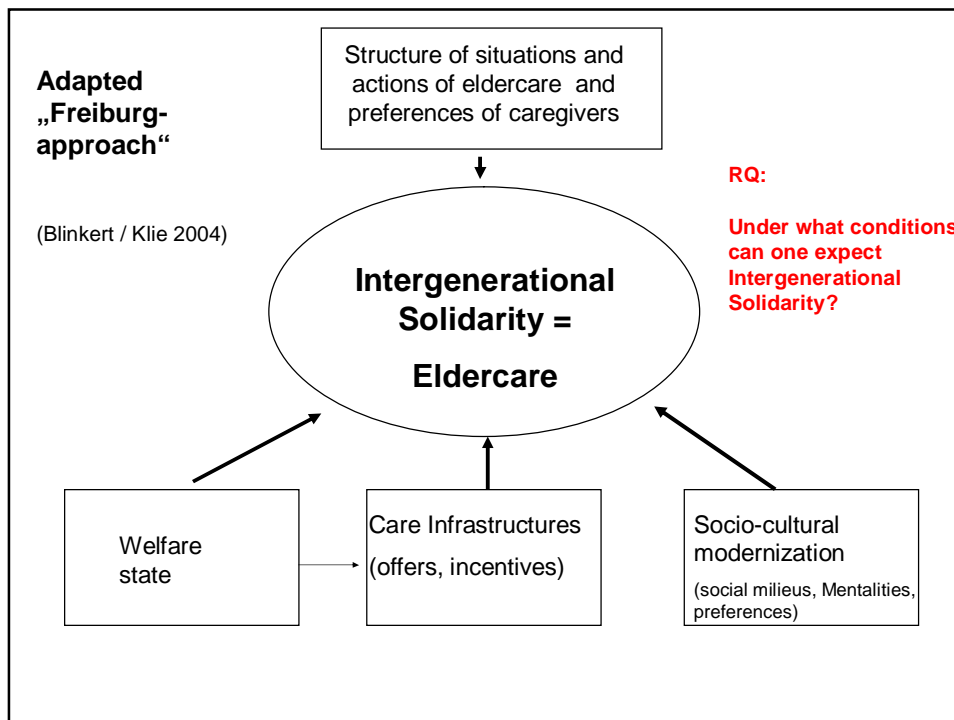
individual-level (education, income, age, gender).

- Detailed Clarification of Theoretical Framework and Research Specification

- Construction of a **more elaborated Index of “Level of Postmodernism”**

Theoretical Model to Macro-Micro-Interaction







Structures of Situation / Actions of long-term (Elder)care

- Continuous involvement, long-lasting, difficult to cancel
- whole person is involved
- missing distance
- Site: private space
- hardly public recognition

Preferences / values and „conception of life“

Conception of life

Traditional	Modern
<ul style="list-style-type: none"> • Belonging, membership • Stability • Social recognition in an ascribed role • Appreciation in the private sphere 	<ul style="list-style-type: none"> • Individuation, individualization • Flexibility • Social recognition in an achieved role • Public appreciation
 Compatible with demands of Eldercare	 Compatibility problems /high „opportunity costs“

Theoretical Assumptions: Intergenerational Solidarity

Impact of Socio-Cultural Modernization	Impact of Care Regime
<ul style="list-style-type: none"> • At individual level • Little readiness to practise eldercare in milieus with post-modern „conceptions of life“ is due to ... • low compatibility of demands of care with preferences of subjects • High „opportunity costs“ • At country-level • Increase in milieus of „modernisation – winners“ as a result of value shift in the course of cultural Modernization in Western European countries and change in the pattern of care (traditional → professional care) • → Prognoses: Increase of modern and decrease of traditional „conceptions of life“ in the East European countries → lower country's potential of informal care 	<ul style="list-style-type: none"> • Expanded Public Care contribute to a relief of caregivers and „shared responsibility“ between the state and the family • → lower need for long-term care <p>„Complementary hypothesis“ (Daatland/ Herlofson 2003; Mottel-Klingebl et. al 2005, Attias-Donfutt</p>

Cross-Cultural Multi-Level Analysis with EVS 2008

Main Research Questions

- Do filial obligations vary between persons with different “conceptions of life” and structural resources cross-culturally?
- What is the influence of contextual factors on the familial eldercare in different European countries finding itself at different modernisation stages and having different Health & Elder Care Regimes ?

Central Hypotheses

At the individual level,

→ modern “Conceptions of life” are negatively correlated with the sense of filial responsibilities

At the macro-level, socio-cultural and institutional context shapes intergenerational solidarity, i.e.

- *the higher Level of Postmodernism in the country*
 - *the more expanded Health and Elder Care services*
- *the lower sense of Filial Responsibilities (readiness to elder care)*

Data Base (individual level)

- **EVS 2008, Respondents in 29 countries, aged 18+**
- The choice of countries: Northern, Western, Central and Eastern Europe (including splits for West and East Germany) → representing different welfare conditions and levels of cultural modernisation

- | | | |
|-------------------|------------------|------------------------|
| 1. Austria | 12. Germany West | 23. Romania |
| 2. Belgium | 13. Germany East | 24. Russian Federation |
| 3. Bulgaria | 14. Greece | 25. Slovak Republic |
| 4. Belarus | 15. Hungary | 26. Slovenia |
| 5. Croatia | 16. Italy | 27. Spain |
| 6. Czech Republic | 17. Latvia | 28. Sweden |
| 7. Denmark | 18. Lithuania | 29. Ukraine |
| 8. Estonia | 19. Moldova | |
| 9. Finland | 20. Netherlands | |
| 10. France | 21. Norway | |
| 11. Georgia | 22. Poland | |

Data Base (Macro-level)

Indices and Scales built with

- Aggregated data of EVS 2008, Eurobarometer 2007
- World Bank Indicators
- Gender Gap Sub-Indices (World Economic Forum)

Operationalisation of Core Variables

Micro-Level Indicators			
Theoretical concepts	Empirical indicators for subdomains	The source of data and items used	Variables constructed / used in the analysis
Readiness to Eldercare = Traditional care-cultural orientations	Attitudes to filial responsibilities Dependent var.	<ul style="list-style-type: none"> It is child's duty to take care of ill parent (Q49) Love and respect parents always/earned (Q49) Children responsibilities to their parents in need at expense of/not sacrifice own well-being (Q51) 	FILRESP A 5-point scale 0 "no sense of filial obligation" ... 4 "very strong filial obligation"
Symbolic Resources or Conception of life	Statements about "Attitudes to women's role"	<ul style="list-style-type: none"> V160 pre-school child suffers with working mother (Q48B) V161 women really want home and children (Q48C) V162 being housewife as fulfilling as paid job (Q48D) 	MODFRAU a 4-point additive scale 0 "distinctly pre-modern" ... 3 "distinctly modern"
Structural resources	Education	<ul style="list-style-type: none"> Educational level of respondent: ISCED-code three digits (Q110) 	EDUC "Educational attainment", 4-point scale. 0 "none or primary stage" 1 "lower secondary" 2 "upper secondary" 3 "tertiary, completed or uncompleted"
	Income	V353M_cs "country-specific variable in national currency" that was further transformed.	EINCOM0 "Equivalent net disposable income, corrected for ppp in Euros". Variable was re-coded with a starting value of „0“.Originally the scale for income [6.5 to
Socio-demography	Age	<ul style="list-style-type: none"> V303 Year of birth respondent (Q87) 	AGE0 Age of respondent (original scale 17-108 year olds), was recoded with a starting value of „0“.
	Gender	<ul style="list-style-type: none"> V302 Sex respondent (Q86) 	SEX 0 "men", 1 "women"

Macro-Level Impact Factors			
Theoretical concepts	Empirical indicators for subdomains	The source of data and items used	Variables constructed / used in the analysis
Level of Postmodernism	Economic Participation and Opportunity of women	<ul style="list-style-type: none"> * World Development Indicators (World Bank) ** European Value Survey 2008 *** Eurobarometer 2007 **** World Economic Forum 	POSTMODI Factor scale scores (KMO=.605, 67% of variance explained), lineary transformed with $x=100$ and $s=50$, where scores <100 mean "lagging" postmodernism and scores >100 "advanced" postmodernism
	Political Empowerment	Sub-indices of the Gender Gap Ranking 2010 **** (for details see chapter "Indicators Description")	
	Spread of postmodern/ emasipative value orientations	Proportion of emasipative value orientations** <ul style="list-style-type: none"> V160 pre-school child suffers with working mother (Q48B) V161 women really want home and children (Q48C) V162 being housewife as fulfilling as paid job (Q48D) 	

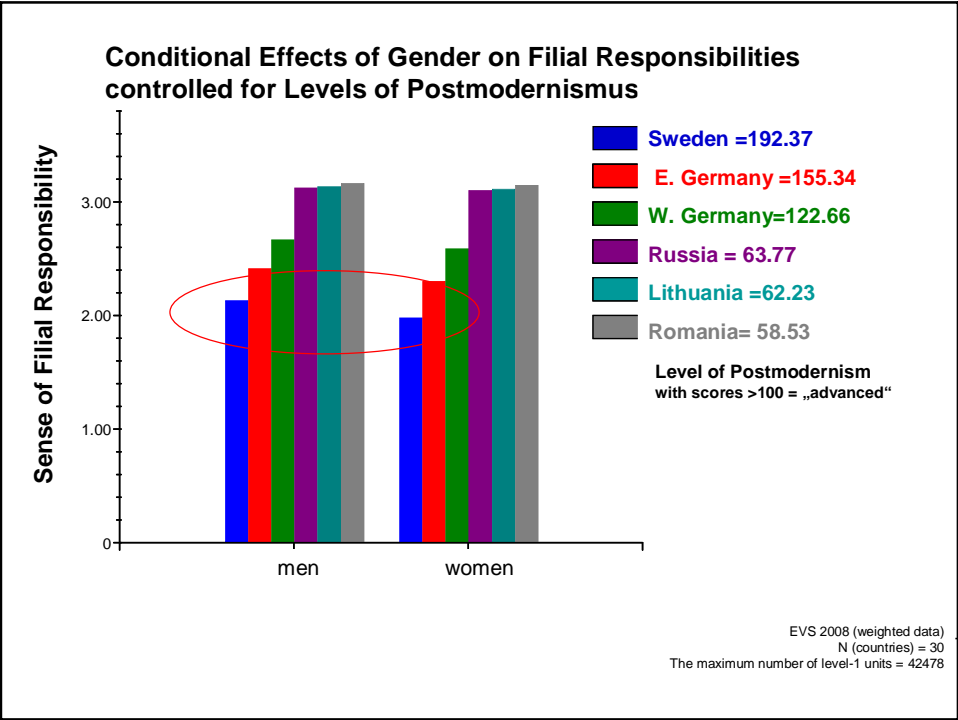
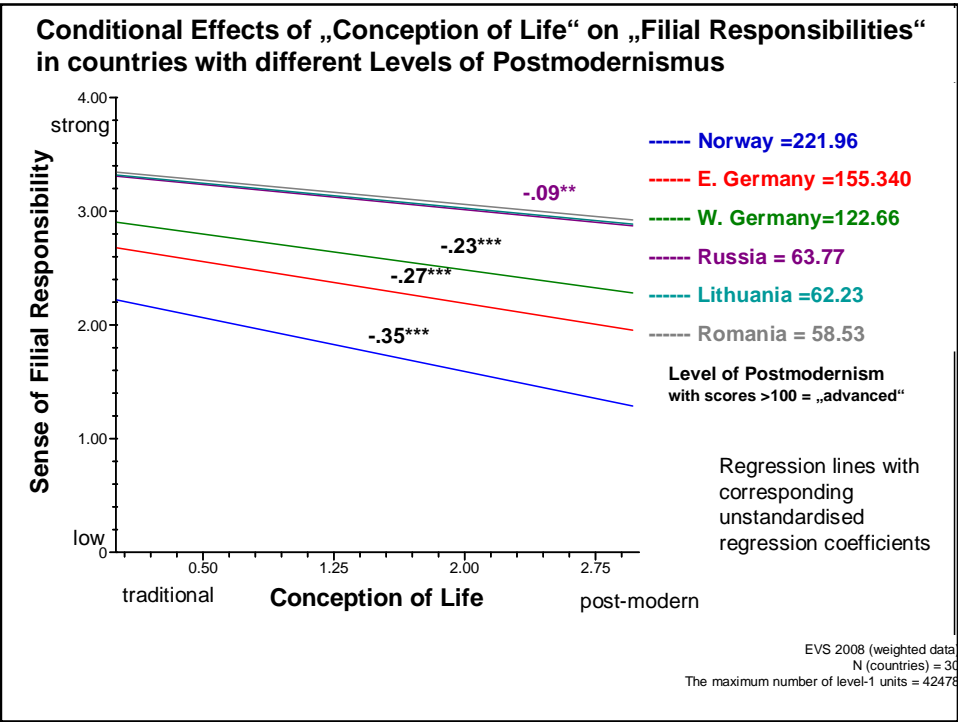
Macro-Level Impact Factors

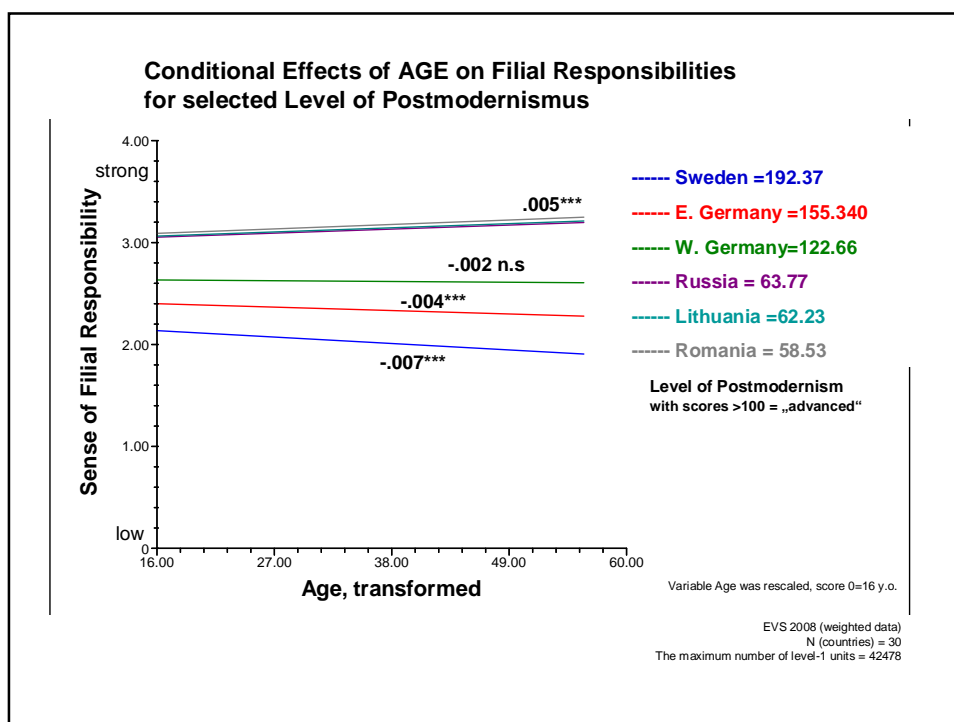
Theoretical concepts	Empirical indicators for subdomains	The source of data and items used	Variables constructed / used in the analysis
Quality of Health and Eldercare	<p>Evaluation of the Health & Eldercare Infrastructure. Averages for European countries with the data of Eurobarometer 2007 (Subjective indicators)</p>	<ul style="list-style-type: none"> v95 HEALTH CARE QUALITY: HOSPITALS (QA3) v96 HEALTH CARE QUALITY: DENTAL CARE (QA3) v97 HEALTH CARE QUALITY: MED SPECIALISTS (QA3) v98 HEALTH CARE QUALITY: FAM DOCTORS/GPS (QA3) v99 HEALTH CARE QUALITY: DEPENDENT AT HOME (QA3) v100 HEALTH CARE QUALITY: NURSING HOMES (QA3) 	<p>HECINDEX Factoranalytical scale scores (KMO=.711, 79% of explained variance with 1 factor built with the data of the Eurobarometer 2007³. It is combined measure of subjective and objective indicators. Factor Scale with mean of 100 and std. deviation of 50, where scores >100 "advanced" and scores >100 "underdeveloped General Health and Elder Care systems"</p>
	<p>World Development indicators on national health systems and living conditions (Objective indicators)</p>	<p>Averages 2005-2010:</p> <ul style="list-style-type: none"> Life expectancy at birth, total (years) Mortality rate, infant (per 1,000 live births) Health expenditure per capita, PPP (constant 2005 international \$) 	

Multi-Level Regression Modells

Final Estimation of Fixed Effects

Fixed Effect	Coefficient	Standard error	t-ratio	Approx. d.f.	p-value
For INTRCPT1, β_0					
INTRCPT2, γ_{00}	3.673403	0.143045	25.680	27	<0.001
POSTMODI, γ_{01}	-0.004163	0.001477	-2.818	27	0.009
HECINDEX, γ_{02}	-0.000059	0.001441	-0.041	27	0.968
For EDUC slope, β_1					
INTRCPT2, γ_{10}	-0.048441	0.020349	-2.380	42325	0.017
POSTMODI, γ_{11}	-0.000220	0.000215	-1.026	42325	0.305
HECINDEX, γ_{12}	-0.000158	0.000206	-0.767	42325	0.443
For MODFRAU slope, β_2					
INTRCPT2, γ_{20}	-0.022960	0.030035	-0.764	27	0.451
POSTMODI, γ_{21}	-0.001063	0.000310	-3.425	27	0.002
HECINDEX, γ_{22}	-0.000568	0.000301	-1.889	27	0.070
For EINKOM0 slope, β_3					
INTRCPT2, γ_{30}	-0.000665	0.000452	-1.472	27	0.153
POSTMODI, γ_{31}	0.000007	0.000004	1.853	27	0.075
HECINDEX, γ_{32}	-0.000004	0.000004	-0.979	27	0.336
For AGE0 slope, β_4					
INTRCPT2, γ_{40}	0.010255	0.002235	4.588	27	<0.001
POSTMODI, γ_{41}	-0.000073	0.000023	-3.142	27	0.004
HECINDEX, γ_{42}	-0.000020	0.000023	-0.901	27	0.376
For SEX slope, β_5					
INTRCPT2, γ_{50}	0.131940	0.039912	3.306	27	0.003
POSTMODI, γ_{51}	-0.000989	0.000418	-2.365	27	0.025
HECINDEX, γ_{52}	-0.000917	0.000403	-2.276	27	0.031





Summary of main Results (1)

1. Our hypothesis about *conditional effect of modern "Conceptions of life" on filial obligations* is confirmed. *This relationship is ...*
 - *relatively strong* in Nordic countries with advanced Postmodernism (and correspondingly most generous (Health)Care regimes)
 - *Moderate* in countries with Average level of Postmodernism und Public Health Eldercare states and cultural traditions (ex. Germany)
 - *Very weak* in countries with lagged socio-cultural development (Post-Soviet countries).
2. **Income** plays no role for filial responsibilities (Exceptions a few countries eg. Slovenia, Cyprus) – needs to be explained
3. The impact of **Education** varies in different countries (it is the strongest in the northic and lowest in the south and north of Europe)

Summary of main Results (2)

4. *Level of Postmodernism* is an important moderating factor for the relationship between *Gender and Filial Responsibilities*.

- In highly advanced societies in terms of gender equality, women demonstrate a somewhat lower readiness to filial obligations as men
- In societies with “traditional concepts of gender roles” men and women do not differ regarding their sense of filial responsibilities

Similarly

The relationship is moderated by the “*Quality of Health- & Elder Care infrastructure*”

- If an extended Public Care is provided, women demonstrate a somewhat lower readiness to filial obligations as men
- and in societies with scarce/ poor Health + Care Services men and women do not differ regarding their sense of filial responsibilities

Summary of main Results (3)

5. As for the **effect of Age** there is a classical *interaction effect*, when the regression coefficient changes the direction depending on the value of the controlled *Level of Postmodernism*.

- In countries with more advanced gender equality, like Scandinavian countries and East Germany, the elder the persons gets, the less ready he/she is to provide long-term care for his elders. (*negative relationship*)
- In countries of somewhat average Level of gender equality, like Germany and Slovenia, there is *no relationship* between age and sense of filial responsibility.
- Finally, in countries with traditional gender roles (these are also countries with rather poor system of Health and Elder Care, although the interaction term with this variable is not significant) the readiness to care for one's elderly parents even increases slightly with advanced age (*positive relationship*)

Main conditional effects for selected countries

Selected countries	Individual level Regression Coefficients of MLA					FILIAL RESPONSIBILITIES, γ_{00}
	EDUCATION, γ_{10}	CONCEPTION OF LIFE, γ_{20}	INCOME, γ_{30}	AGE, γ_{40}	GENDER, γ_{50}	
Norway	-0.123461***	-0.352774***	0.000245 n.s	-0.009205***	-0.239236***	2.739711***
Sweden	-0.115199***	-0.315052***	0.000075 n.s.	-0.006834***	-0.199825***	2.863507***
East Germany	-0.104638***	-0.267047***	-0.000131 n.s.	-0.003838*	-0.149229***	3.018562***
Belgium	-0.099581***	-0.239764***	-0.000443 n.s.	-0.001704 n.s.	-0.129526***	3.157288***
West Germany	-0.097779***	-0.233524***	-0.000381 n.s	-0.001511 n.s.	-0.118841***	3.154486***
Slovenia	-0.087131***	-0.186601***	-0.000516***	0.001269 n.s.	-0.066276***	3.288681***
Bulgaria	-0.069054***	-0.119803***	-0.000106 n.s	0.003896 (p=0.057)	0.036491 n.s.	3.323585***
Russia	-0.063559***	-0.094604***	-0.000225 n.s.	0.005490***	0.062587 n.s	3.407569***
Lithuania	-0.070266***	-0.118274***	-0.000432 n.s.	0.004697***	0.023287 n.s.	3.411325***
Romania	-0.061824***	-0.086950***	-0.000247 n.s.	0.005945**	0.071142 (p=.056)	3.429576***
Ukraine	-0.060511***	-0.078916**	-0.000375 n.s.	0.006654**	0.075252*	3.479873***
Cyprus	-0.074924***	-0.128232**	-0.000897***	0.005201***	-0.010825 n.s.	3.511126***