

Chapter 5

Traditional Indicators of Familialism Related to Care for the Elderly

Introduction

In chapter 4 some questions arose from the discussion about the Portuguese social policy framework as familialist in nature. This chapter answers some of those questions, the first of which is to identify how the lives of the elderly in a familialist policy setting are organised. The chapter starts by setting the scene in terms of the living arrangements and living conditions of the Portuguese elderly. Given my assumption about the Portuguese case as an example of a familialist system within the EU family of countries, this first description should allow the identification of the traditional indicators of familialism in the lives of the elderly. At the same time, the analysis summarises the structuring elements of life in old-age, and begins to discuss their relevance in terms of policy implications. It also includes some descriptive analysis on the living conditions of the elderly, demonstrating their worse off situation compared to the average ECHP countries.

Another question put forward in chapter 4, a subsidiary of research question 1, was related to the role of families as welfare providers in old age and to their ability to act as such in the contemporary Portuguese society. In this chapter, and since it is strongly related to the essence of familialism, I develop a first approach to care, discussing the traditional assumptions about the household as the locus for care in familialist systems. This should involve some simple descriptive analysis on the levels of engagement in care within the household and at the individual level from a cross-national comparative perspective. Following the discussions in previous chapters, the assumptions to test here are: care is a household matter; care is a markedly gendered domain, with women appearing as the main, if not exclusive, care provider.

This thesis draws on a case study, Portugal, and focuses on a set of research questions that aim at unravelling the dynamics of familialism in the lives of the elderly people in that particular national context. This means that the analysis is primarily concerned with within country trends and variations and not with cross-national comparisons. This does not mean, however, that any comparative approach

is totally excluded from the analysis. In this chapter, and purely for descriptive purposes, I put forward some useful comparisons between Portugal and other EU countries for some selected indicators. The purpose of this is purely to highlight the meaning of some trends reported for the Portuguese case and to set the case for familialism in the lives of the Portuguese elderly by comparison to their European counterparts.

For this comparative approach I rely on the mainstream research on social policies across Europe, namely on the approaches that try to present social policy models and regimes (Esping-Andersen 1990; Ferrera 1996(a); Rhodes 1997). Yet, it will never be the purpose of this thesis to test any assumptions about those models or in fact, to explain differences between countries. The differences are of interest in the research only in the sense that they reinforce the meaning of the Portuguese trends.

This chapter is structured in a way that allows for the systematic listing of the key elements in the lives of the Portuguese elderly. These key elements will be discussed in more detail in the following chapter. The main goals of the chapter are as follows:

- To identify with whom the elderly are living and the main socio-demographic trends that appear associated to the different living arrangements in old age;
- To describe the general level of well-being of the elderly population by analysing financial conditions in old age;
- To look at familialism from the side of those engaging in care for the elderly, describing levels and ways of engagement in caring activities among the families.

1. Living arrangements and familialism

One of the most frequently mentioned manifestations of familialism as a way of social organisation and social functioning is the prevalence of certain types of households, namely those that imply cohabitation between different generations and those that result from the late departure of adult children from the parental home (Segalen 1995; Guerrero and Naldini 1997). These household formations and organisation are believed to be linked to specific socio-economic dynamics and cultural contexts, but also to be triggers of other types of social behaviour that reinforce the picture of familialism. It is in that sense important to start addressing the realities of the Portuguese elderly from the perspective of their living

arrangements. Living arrangements are one of the most important dimensions of quality of life and well being in old age. They are strongly correlated with the availability of family care, as well as social and economic support; therefore determining the ways the elderly will tackle old age related needs.

I start the analysis of the data available from the ECHP by looking at table 5.1 and at the dominant trends across some of the EU countries in terms of the living arrangements of their elderly populations. I introduce figures for two distinct points in time to allow for some preliminary dynamic analysis of changes in living arrangements.

Table 5.1. Cross-national analysis of the living arrangements of the sample of elderly people in 1994 and in 1998 (row percentages)

Countries	Year	Living arrangements				
		Alone	With spouse	With spouse and adult children	With adult children	In extended household ¹
Germany	1994	38.1	52.0	5.7	a)	2.2
	1998	42.2	48.6	3.6	a)	3.9
Denmark	1994	39.4	58.4	a)	a)	-
	1998	48.2	50.0	a)	a)	a)
Netherlands	1994	37.5	56.4	4.4	a)	-
	1998	43.5	52.6	a)	a)	-
Belgium	1994	41.4	45.6	7.2	a)	a)
	1998	45.9	43.0	4.2	a)	4.3
France	1994	33.0	54.3	6.3	3.9	2.4
	1998	37.7	49.1	4.3	4.0	4.8
UK	1994	40.4	50.5	4.3	3.3	a)
	1998	45.9	44.1	2.8	3.4	3.7
Ireland	1994	37.1	34.0	15.4	8.4	4.8
	1998	40.6	31.0	9.3	8.4	10.7
Italy	1994	27.8	45.5	11.8	4.3	10.6
	1998	31.9	39.3	9.0	5.2	14.7
Greece	1994	21.5	46.4	10.4	4.0	17.6
	1998	27.4	41.1	7.0	4.5	20.0
Spain	1994	16.7	41.4	19.4	7.1	15.4
	1998	19.4	35.9	15.4	7.7	21.5
Portugal	1994	21.0	44.7	14.1	5.9	14.1
	1998	26.9	38.1	9.5	5.1	20.3

Source: ECHP, waves 1 and 5 (1994, 1998)

Obs.: Cases are weighted

Notes:

1) The typology of households defined for ECHP data includes two categories of extended households: with and without dependent children, as presented in chapter 4. However, given the very low frequencies observed in those two categories, it was considered that the aggregation of both would bear more significance for the cross-national comparison. If not, the small numbers observed for those categories would make it impossible to display any data at all for some countries.

a) The frequencies observed are below 40 (non weighted cases) (Eurostat regulations on data presentation determine that I do not present the respective proportions for those categories)

The table above displays both similar and distinct trends across the EU countries. It should be highlighted that the interpretation of the trends identified in the table

above should be done with some caution, especially in light of the discussion introduced in chapter 4 on the issue of representativeness of the ECHP sample along time. As noted in chapter 4, there is a clear ageing of the sample, taking place at a higher rate than the respective population. In that sense, some of the changes identified between 1994 and 1998 can be related to the ageing of the sample rather than to a corresponding change in the populations.

Having said that, and although recognising that it is something that can potentially introduce some limitations in terms of generalisations to the population, the cross-sectional analysis is still considered relevant, namely as illustrative of the changes associated to ageing.

Firstly, I highlight the fact that in Portugal, like in most other countries, the majority of the elderly are living with a spouse, which is not in itself particularly surprising considering the normal life course of an individual in western societies, but that is still worth considering from the point of view of its implications in terms of policy design. Research that has been carried out on care for the elderly in several countries has often demonstrated that the likely carer of an older person is another older person, most of the times a spouse (Kendig, Hashimoto et al. 1992; Murphy, Schofield et al. 1997; Twigg 1998). This should be taken into account when designing care solutions, not only in terms of the ability of an older person to deliver care but also in terms of the material/financial resources available within the household to deal with care delivering. This is a point to discuss later when analysing the financial conditions of the households with elderly people.

Another trend that seems more or less common across the countries included in the ECHP is the growing number of elderly living alone. This is a widely recognised phenomenon all across Europe and is often mentioned as one of the biggest sources of pressure for the contemporary welfare states. Living alone often means being deprived from effective informal mechanisms of support, very much linked to the family. Also, it means there are increasing needs that must be met by other mechanisms, namely by means of formal care. It should be stated clearly that this is not implicitly suggesting any equivalence between living alone and some kind of abandonment by the family. Yet, from a purely functional point of view, if the elder person lives alone some of the daily activities involved in a standard life style may require help from someone outside the household. Although this seems to be a common trend in Europe, and a growing phenomenon in all countries, it is

important to highlight the comparatively lower share of elderly living alone in Portugal, alongside with Greece and Spain. One first sign of familialism in the living arrangements of the Portuguese elderly could be the less pronounced likelihood of living alone, which is common to other countries often pointed out as other examples of familialist societies.

Still, the share of elderly living alone in Portugal is not small and it has increased between 1994 and 1998. In 1998, more than a quarter of the elderly declared living alone, a number that is significant both in terms of the absolute number this represents in the population and in terms of the policy framework within which it takes place.

In absolute terms, and according to the population estimates for 1998, the number of elderly living alone is around 417 000¹.

In terms of the policy framework, this is a growing group of individuals that may not have a credible alternative to family or informal support. However, one cannot infer from the fact that an elder person lives alone that he or she does not have access to informal networks of support. Moreover, it is not always the case that all elderly need or will ever need help in their daily lives. Yet, the growing share of elderly living alone have shown to go hand in hand with decreasing opportunities to get family-based support (Kendig, Hashimoto et al. 1992) and, in that sense, should be taken as an indicator of growing needs that must be tackled by formal mechanisms of support.

Table 5.1 also presents the share of elderly living in complex households and of the elderly living with a spouse and adult children.

The comparatively high share of elderly living with a spouse and with adult children reflects the well-documented phenomenon of late departure from the parental home that is characteristic of the Southern European familialist countries. It is a phenomenon that has been explained not only by cultural reasons, but also by a specific model of economic and social development. An example of that is the clear absence of policies oriented to the young, namely in the domain of employment (Aassve, Billari et al. 2002). Young people in South European countries are severely affected by problems of accessing the labour market (Kurth and Petras 1993). This, alongside with the absence of housing policies, makes it very difficult for many young adults to gain their independence from the parental home (Aassve, Billari et al.

¹ Source: INE, Population Estimates for 1998, www.ine.pt

2002). The significance of this phenomenon, within the analysis of the living arrangements in old age, has to do with the fact that it is part of a broader system of social organisation where the family remains as the main safety network and the most important resource available to deal with the several obstacles the individual faces from a very early stage of life. This can be interpreted as potentially creating a culture of “care” and “support” within the family and, in that sense, creating expectations of exchange of care along life, culminating with being cared for in old age.

The share of elderly living in some type of complex extended household can also be analysed as a reflection of familialism in the living arrangements of the elderly, a trend that also seems common to the Southern European cluster (to a certain extent followed by Ireland as well). It is worth noting that not only is the share of elderly in this type of household clearly higher in those countries than in the rest of Europe, but also that it has experienced a significant increase from 1994 to 1998. This observation suggests changes in old-age that may reflect the need to tackle specific problems by means of activating family resources.

Summarising what was presented so far in terms of the living arrangements of the Portuguese elderly, it seems to hold that they are living in a markedly familialist social protection system. They are using, comparatively more often than their European counterparts, the extended family and cohabitation with adult children and other kin as their preferred living arrangements in later life. This could indicate familialism in their lives and sustain to some extent the belief that these elderly have available informal networks of support that one should expect are to be triggered to deal with old-age related problems. Whether that is the case or not needs some more investigation. Also, if this correlates with better living conditions and better care in later life is still to be demonstrated. I move to these and other related issues in the following sections.

2. Structuring elements of life in old age among the Portuguese elderly

Similar to what was discussed in the previous section, and although this thesis is focusing on the Portuguese case, I will resort to some elements of comparative analysis to fully understand what is distinctive about the realities of old-age in Portugal. Table 5.2 below displays data for a series of individual-based variables describing the living arrangements of the elderly included in the ECHP survey in

1998. For the sake of cross-national comparison, I work with two levels of aggregation of countries that are used as a comparative basis to read Portuguese figures: all countries (ECHIP average) and the Southern European family, excluding Portugal (Spain, Italy and Greece).

Table 5.2. Individual-based variables describing living arrangements among the elderly Europeans in 1998 (row percentages)

Describing variables			Alone	With spouse	With spouse and adult children	With adult children	Complex household with dep. children	Complex household without dep. children	
Sex	Male	ECHP	18.8	62.1	11.5	2.1	3.1	2.5	
		South Eur.	12.7	60.3	15.5	2.5	5.9	3.1	
		Portugal	17.0	54.2	15.6	1.2	4.9	7.0	
	Female	ECHP	49.4	30.9	4.1	6.9	4.5	4.1	
		South Eur.	39.4	30.2	5.7	9.7	7.9	7.2	
		Portugal	37.3	27.7	7.3	8.4	11.9	7.5	
Age group	65-69	ECHP	21.7	53.3	14.6	5.9	2.5	2.1	
		South Eur.	17.2	47.6	20.6	8.5	4.1	2.1	
		Portugal	11.5	43.4	15.9	13.3	8.8	7.1	
	70-74	ECHP	28.0	52.4	9.8	4.1	3.3	2.5	
		South Eur.	23.0	48.5	13.5	5.9	5.5	3.6	
		Portugal	21.7	45.3	13.9	5.1	7.8	6.3	
	75-79	ECHP	36.7	45.6	6.2	4.9	3.9	2.7	
		South Eur.	27.9	46.7	8.4	6.2	7.2	3.6	
		Portugal	35.0	39.3	9.2	3.4	7.4	5.8	
	80 or more	ECHP	53.1	27.6	2.4	5.8	5.2	5.8	
		South Eur.	37.5	31.4	3.6	7.6	9.6	10.4	
		Portugal	41.2	24.6	5.2	5.8	12.9	10.2	
	Marital status	Married	ECHP	0.6	81.0	13.4	0.1	2.9	2.0
			South Eur.	a)	74.4	17.1	a)	5.6	2.5
			Portugal	a)	70.1	19.7	0	4.7	5.0
Divorced/separated		ECHP	83.5	8.6	0	4.7	1.0	2.2	
		South Eur.	82.2	a)	0	a)	a)	a)	
		Portugal	50.0	a)	0	a)	a)	a)	
Widowed		ECHP	76.1	1.2	0.0	12.2	5.6	4.9	
		South Eur.	64.4	a)	0	17.3	9.2	8.8	
		Portugal	63.4	a)	a)	13.0	15.0	8.1	
Never married		ECHP	84.1	3.2	0.0	1.3	3.7	7.8	
		South Eur.	70.1	a)	0	a)	a)	18.7	
		Portugal	60.4	4.2	0.0	0.0	8.3	27.1	
Health status (hampered due to health problem)	Yes, severely	ECHP	42.3	40.0	5.0	5.6	3.6	3.7	
		South Eur.	30.1	41.8	5.4	8.5	7.2	7.1	
		Portugal	24.1	40.3	14.5	7.6	8.3	5.2	
	Yes, to some extent	ECHP	37.1	43.6	6.7	5.0	4.4	3.2	
		South Eur.	28.8	42.6	10.1	6.8	6.9	4.9	
		Portugal	27.5	36.1	9.2	4.9	14.5	7.8	
	No	ECHP	34.7	45.1	8.1	4.6	3.9	3.5	
		South Eur.	27.3	43.4	11.1	6.0	7.1	5.1	
		Portugal	32.8	38.5	9.5	4.8	6.5	7.9	

Source: ECHP, wave 5

Notes: a) The frequencies observed are below 40 (non weighted cases)

Obs.: Cases are weighted

The ECHP average refers to the 11 countries displayed in table 5.1. The Southern European average aggregates data for Spain, Italy and Greece. It reproduces a clustering often found in the literature on welfare state models or regimes and includes the countries seen as sharing a high degree of familism in their social policy frameworks (Rhodes 1997; Guillén and Álvarez 2001).

2.1. Gender and age as pillars of the living arrangements among the elderly

Several studies have shown the strong association between gender and living arrangements in old age, as well as the patterns of change in living arrangements as age progresses (Walker and Maltby 1997; Phillipson, Bernard et al. 1998). One should note that, at least partially, these features should not be imputed to any specific institutional or cultural milieu in the sense that they are often the “natural” consequence of the demographic behaviour of older cohorts. It is not surprising then to find that, among the elderly living alone, 75% are females. This is undoubtedly related to the fact that women not only have a higher life expectancy than men but also tend to marry at a younger age than men, both trends jointly making women more exposed to widowhood. The most recent figures published by the National Statistics Office estimate a gender gap of around 6.5 years in life expectancy (74.53 years for men and 80.98 years for women; these figures are estimated as life expectancy at birth in 2003-2004)².

Although this is a far too well recognised trait of the living arrangements of the elderly (Murphy, Schofield et al. 1997), it is important to highlight it once more from the perspective of the implications of gendered patterns of living arrangements for policy design. An examination of the distribution within each gender category, at the ECHP level of aggregation, shows the importance of recognising that more than 60% of the male elderly are living with a spouse, while among females that group just reaches 30%. When it comes to discussing the provision of care for the elderly, it is clear that for males the most likely provider will be a spouse, frequently an elderly herself. As for females, that likelihood is significantly reduced, while the likelihood of living alone increases. Therefore this creates the exposure to the risk of a lack of a cohabiting carer if needed and the need to resort to descendents or other kin. What the gender divide seems to suggest is that the issue of living arrangements is largely an issue for females. Women are more often confronted with changes in living arrangements, which is reflected here in a larger variety of living arrangements than men. In Portugal, although with some significant differences in the proportion of women living alone (less 12% than the ECHP female average), the overall gender patterns described above seem to hold.

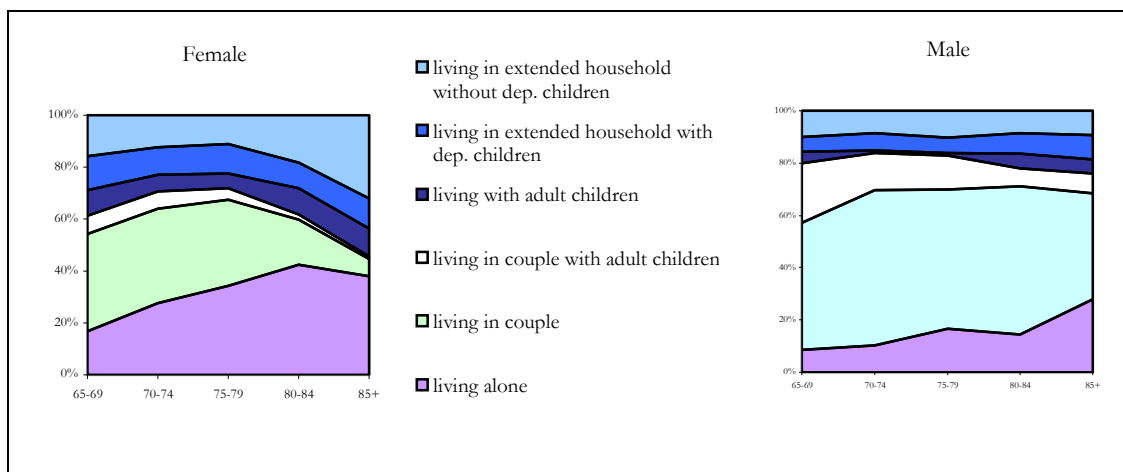
² (Source: INE, www.ine.pt)

Age seems to be an equally significant discriminator element of living arrangements in later life. As the table above illustrates, as age progresses it seems to increase the likelihood of the elderly living alone. Again this is a well documented phenomenon that appears strongly associated to the dissolution of marriage due to widowhood (Giarchi 1996; Iacovou 2000).

The gender divide mentioned before is largely reinforced by age, which shows again the effect of the demographic behaviour of older cohorts, namely in terms of male and female life expectancies. The graphs below provide a very intuitive description of this phenomenon among the Portuguese elderly.

If for both men and women the likelihood of living alone increases with age, the growth is more marked among women. In fact, all along the age line males are most frequent living with a spouse (with or without adult children). A further cross-tabulation with marital status shows that even among those men in other living arrangements, namely in complex households, the share of individuals that cohabit with a spouse is far greater than amongst women (see below on marital status).

Figure 5.1. Living arrangements of Portuguese female and male elderly, by age, in 1998



Source: ECHP, wave 5 (1998)

Figure 5.1 also shows that the likelihood of living in extended households increases with age for both gender groups. This increase is however more pronounced among females, again undoubtedly an effect of their greater exposure to widowhood.

This type of analysis is adding weight to the existing evidence about the heterogeneous composition of the elder population and reinforces the need to tackle different segments of older persons when designing policies. For elder males the

issue of care may often be put in terms of helping a “natural” carer (a spouse), while for females the issue of care may involve more often the need to find a carer. The same way, if at younger stages of old age the majority of the elderly seem to be benefiting from some type of co-habitation, it is when age increases, (therefore the likelihood of needing care), that they are more likely to lose that co-habitation.

On the topic of age, however, it is worth highlighting one last element from table 5.2: the higher share of elderly in extended households in Portugal in comparison to the Southern European cluster, namely the pronounced difference observed among the younger elderly. In Portugal, the share of elderly between 65 and 69 living in an extended household are more than twice the share found in the Southern European cluster for the same age group. This may indicate that for the Portuguese case the extended household may be more than a primary resource for the elderly in need. In fact, it may be an element of a specific socio-economic model and in that sense, responding to broader and eventually more complex determinants. This issue will be examined in chapter 6.

2.2. Marital status and living arrangements

Although changes in marital status taking place in old age tend to be associated with the natural demographic dynamics of older cohorts (therefore they tend to be an independent external variable in terms of the social policy context), it is still important to highlight the potential implications in the creation of needs that must be met by the social policy context.

The first most evident trait to highlight is the strong correlation between widowhood and living alone. This is the single most impacting event in old age as has been largely demonstrated elsewhere (Walker and Maltby 1997; Iacovou 2000). Widowhood often means that the individual changes from their current state to living alone status. The data from the ECHP seem to follow the general trends one finds in the literature, as table 5.3 below illustrates.

5.3. Living arrangements of the elderly according to their marital status, in 1998
(percentages within living arrangement)

Living arrangements		Alone	With spouse	With spouse and adult children	With adult children	Extended household with dep. children	Extended household without dep. children	
Marital status	Married	ECHP	0.8	98.0	99.8	a)	38.5	30.6
		South Eur.	a)	99.5	100.0	a)	45.3	26.5
		Portugal	a)	98.9	99.2	0	27.2	36.7
	Divorced/ separated	ECHP	6.5	a)	0	a)	a)	a)
		South Eur.	a)	a)	0	a)	a)	a)
		Portugal	a)	a)	0	a)	a)	a)
	Widowed	ECHP	79.9	1.0	a)	95.3	55.5	55.0
		South Eur.	85.7	a)	0	97.1	48.9	59.9
		Portugal	88.2	a)	a)	97.1	66.7	45.6
Never married	ECHP	12.7	a)	0	a)	a)	12.5	
	South Eur.	10.3	a)	0	a)	a)	13.6	
	Portugal	a)	a)	0	0	a)	a)	

Source: ECHP, wave 5

Obs.: Cases are weighted

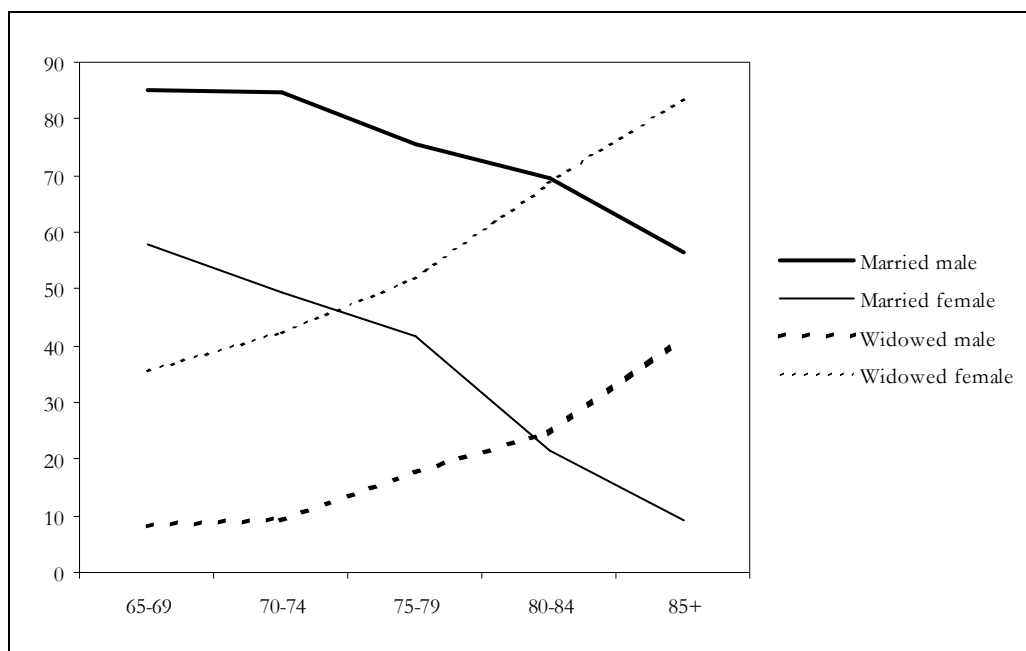
Notes: a) The frequencies observed are below 40 (non weighted cases)

Across the countries included in the ECHP, the overwhelming majority of elderly living alone declare to be widowed. The figure is highest in Portugal, with more than 88%.

Yet, within the distribution of widowed Portuguese elderly, around 40% of the individuals are not living alone (go back to table 5.2). This implies that living alone in old age among the Portuguese elderly, similar to what one observes at the ECHP level of aggregation, is largely associated to widowhood, but that widowhood in Portugal has the triggering potential both for changes to living alone and for changes to living with descendents or other kin. At the ECHP level less than 25% of the widowed elderly are not living alone (see table 5.2).

Going back to the previous considerations on gender and age, the analysis of marital status according to gender groups and age groups reinforces the argument of gender differences in living arrangements in old age and of the need to differentiate social policies according to gender-age groups.

Figure 5.2. Marital status¹ and age of the Portuguese elderly, in 1998 (percentages within gender)



Source: ECHP, wave 5 (own estimates)

Notes:

¹ I have omitted from the graphical representation the categories “divorced” and “separated” since they both show too small numbers to have any significance for the analysis.

The figure above shows, once more, the gendered incidence of a potentially determinant event in old age, with widowhood affecting proportionally more women than men. More than that, and coherent with the first descriptive analysis of the distribution of living arrangements, for men the predominant marital status is married all along the age line, while for females from the mid-seventies onwards widowed shows as the most frequent status. Again there is empirical evidence reinforcing the potential for elderly women to be more exposed to the risks inherent to old age – among those risks widowhood and the changes it may trigger in the individual’s life. Although these are topics to address more thoroughly in chapter 6, the changes that may be triggered by widowhood include a broad range of situations, from material/financial needs to needs of a more emotional/psychological nature. The way the elderly resolve those situations, the level of engagement of their families in resolving those situations and the mechanisms that are necessary to develop from a social policy point of view are all elements to be jointly considered.

2.3. Health status and living arrangements

The ECHP is not comprehensive when it comes to data on health related issues. Besides the usual question on self-reported health status, it only reports information on the existence of a long-term illness or disability. This, however, does not specify the nature of the health problem and relies solely on the self-perception of the interviewee on his/her status. The risk of dependency is also measured exclusively by asking for the individual self-perception on the severity of the health problem. Having said that, one should keep in mind that all the analyses on the health variables are done within a potentially biased context. As demonstrated by some empirical studies on perceptions and health conditions, what the individual declares in surveys and what he/she perceives to be his/her health condition are greatly affected by socio-cultural factors (Fry 2000). This has been used among others to account for some variations in the declared health status across countries.

Starting with the analysis of the existence of a hampering condition and its potential association with different types of living arrangements, one would expect to find among the Portuguese elderly a relatively higher incidence of hampered elderly in the types of households that reflect availability of care within the household and a lower incidence among those living alone. This has been the conclusion of several studies on this topic in other countries that are not considered examples of familialism (Giarchi 1996; Walker and Maltby 1997). In a familialist setting, where the family is taken as the primary provider of help in old age, this association should be identifiable even with more clarity. Furthermore, what the literature has been suggesting is the association between a higher incidence of elderly living alone with a long-term illness or disability and an institutional setting characterised by the availability of domiciliary-care services (OECD 1996; Walker and Maltby 1997). In Portugal, and given the description of the social policy framework put forward in chapter 3, one would expect the reverse.

Looking back to the data presented in table 5.2, the associations outlined above can be in fact identified. Portugal shows a clearly lower share of severely or even moderately dependent elderly living alone than the ECHP average (among the severely dependent elderly, at the ECHP level, 42.3% are living alone, while that share is only 24.1% for Portugal). If one looks instead at the shares of disabled elderly living in some type of extended household, against an ECHP of 7.3%,

Portugal shows a percentage of 13.5%. One can always raise the hypothesis of the lower shares of disabled elderly living alone in Portugal, when compared to the ECHP, being explained by a higher rate of mortality in this group in Portugal. Considering the policy framework available, it is a plausible hypothesis. There are no data to test it. However, the difference between the ECHP and the Portuguese averages for disabled elderly living in extended households can hardly be explained by the same demographic argument. It seems to suggest that disabled elderly in Portugal are living with the extended family comparatively more frequently.

Having said that, one should equally highlight that, as demonstrated by other studies (Iacovou 2000), most people declaring a hampering condition are living with a spouse, for all levels of aggregation of the countries considered and with similar figures. This reinforces the importance of spouses (mostly women) as potential carers in old age.

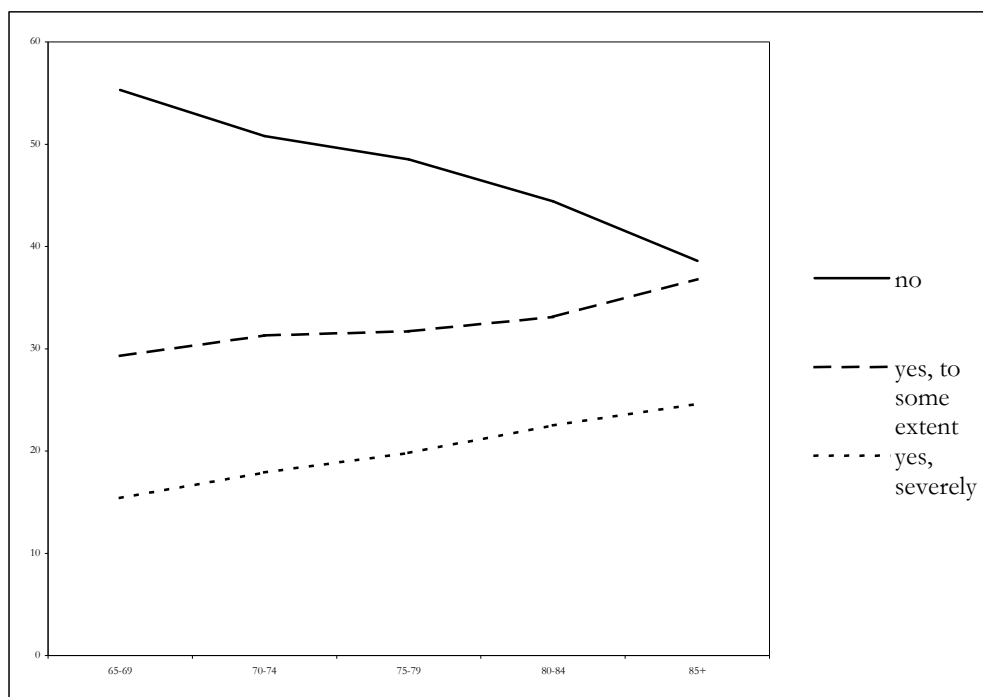
At this point, a note should be added on the issue of institutional care. The ECHP has the limitation of only sampling the non-institutionalised population. Furthermore, since the ECHP is a longitudinal survey, the fact that there is no data on the causes of sampling death (individuals and households that dropped from the survey along waves) and no follow up of members that leave the sampled households, leaves us with no information on the proportion of sampled elderly that move to institutional care along the survey. At the national level, there are no reliable data on the socio-demographic profiles of the elderly living in institutions that could be used to raise some tentative explanations for the trends observed in the ECHP data. This is in itself significant from the perspective of policy discussions, but more than that impedes any consideration of institutional care as a response to the deterioration of the health status of the elderly in our analysis. This severe limitation of the analysis should not pass unaccounted for and should be present as a reference point along the discussions that follow.

Focusing now on the Portuguese case, once again the gender dimension pops in as a crucial differentiating element. According to the data, around 60% of the Portuguese elderly who declare being hampered are women. Yet, among the disabled women, close to 30% are living alone, while among men that figure is only 10%. 77.5% of men declaring being hampered are living with a spouse, with or without adult children. For women that figure hardly reaches 48%. Among disabled women, around 16% are living in complex households (only 9% of men are in the same

situation). Although these distributions constitute no surprise and in fact reinforce the conclusions other researchers have been putting forward on gender differences in morbidity and in dependency rates (Martin, Meltzer et al. 1988), the data reinforce once more the importance of the gender divide in old age and contribute to substantiate the need for gendered policies in old age. Several studies have demonstrated that women are more likely to live longer but have higher probability of being sick and experiencing chronic illness at a later age. In all countries researched on the topic of disability free life expectancy, women have shown to have higher life expectancy but more years of disability (Huisman, Kunst et al. 2003). Portugal, therefore, aligns with the overall trend.

Age also appears as an important differentiating factor when analysing the health status of the elderly. In the sample of Portuguese elderly, there is a clear picture of increasing likelihood of living with some hampering condition as age increases. The figure below provides a clear representation of this trend.

Figure 5.3. Existence of a hampering condition, according to severity of hampering, by age group, in Portugal, in 1998



Source: ECHP, wave 5 (own estimates)

This picture clearly reinforces the heterogeneous character of old age and adds to the argument that social policies must tackle in a differentiating way subgroups of elderly.

As for the variable measuring self-perception of health, the Portuguese sample shows a very high proportion of elderly people perceiving their health status as bad (around 46%). According to the data presented in table 5.2 though, this does not seem to bear any relation with the type of living arrangement in which the individual is currently engaged. Which brings us to the question, often discussed in health related analyses, of knowing if the self-perception of health status is a leading factor or a consequence of the individual's living arrangements (Fry 2000). I do not go into this issue in depth in this thesis.

In terms of policy design, it seems important to discuss the proportion of elderly declaring some type of hampering condition and the ways they deal with needs emerging from that condition. According to the sample of Portuguese elderly, 24.7% declare being severely hampered in their daily activities due to some health problem, and 28.1% moderately hampered. Considering the population estimates for the 65 plusers in 1998, this would represent an absolute value of around 382 000 of severely hampered elderly and around 435 000 moderately hampered ones. The policy responses available within the social policy framework need to be assessed in consideration of these figures.

2.4. Living arrangements and familialist social policies

Living arrangements are not always rational choices among alternatives. They sometimes result from the lack of alternatives and often denote individual biographies and life-course experiences that data not always capture.

In any case, it seems of interest to try to assess the relative impact of different socio-demographic factors in the likelihood of choosing a certain type of living arrangement. In particular, it seems of interest to assess the significance of what influences the decision of living alone and of living in an extended household. Since this thesis is primarily interested in understanding the living arrangements of the elderly in a familialist social policy setting, those two types of living arrangements can be taken as the two poles of such a system.

Two logistic regression models were defined to assess the relative impact of each socio-demographic factor considered in the likelihood of an elder person living alone and in the likelihood of living in an extended household.

The first model takes as the outcome variable the logistic transformation of the probability of an elder person in the ECHP survey living alone in 1998. This model was restricted to non-married elderly.

The second model takes as the outcome variable the logistic transformation of the probability of an elder person in the ECHP survey living in an extended household. This model was run for all sampled elderly but pooling those living in extended households with and without dependent children.

When running this type of analysis one is free to include as many variables as one wish. The factors considered in my analysis result from an attempt to summarise what has been put forward so far and as such have a holistic descriptive character.

In that sense, the variables addressed in the previous sub-sections from the perspective of their bivariate associations with living arrangements are included as explanatory variables in the models. Some further variables are included to account for effects often found in the literature: age squared to control for a potential non-linear effect of age; previous living arrangement to include some proxy for the resilience of living arrangements irrespective of events that can potentially be triggers of changes; experience of death of member of household along the survey, to include the impact of losing co-residents other than the spouses.(Iacovou 2000)

Table 5.4. Summary of the significance of factors associated to the likelihood of an elderly living alone and of living in a complex household, in 1998

Factors	Living alone ¹			Living in complex household		
	Coefficient estimates	t statistics	Odds ratio	Coefficient estimates	t statistics	Odds ratio
Gender						
Male (base)						
Female	0.394*	2.10	1.483	0.20	1.08	1.221
Age	- 0.349	0.95	0.705	0.539	1.38	1.714
Age squared	0.002	1.00	1.002	-0.003	1.50	0.997
Marital status						
Married (base for model 2)	-	-	-			
Separated/divorced (base for model 1)				2.258**	3.76	9.568
Never married	0.287	0.73	1.332	1.319*	2.23	3.739
Widowed	0.598*	2.01	1.819	1.09**	4.24	2.976
Living arrangement in 1994						
Alone (base)						
Couple	-5.405**	19.58	0.004	1.942**	4.42	6.972
Couple with adult children	-10.462**	23.83	< 0.0005	3.604**	7.90	36.744
With adult child	-7.413**	31.88	0.001	1.836**	3.74	6.272
Complex household with dep. children	-10.033**	24.29	<0.0005	9.070**	22.34	8688.9
Complex household without dep. children	-12.519**	12.48	<0.0005	8.399**	19.95	4444.6
Experienced death of member of household along survey						
No (base)						
Yes, partner died	4.082**	13.56	59.253	-1.255**	3.67	0.285
Yes, other member of household died	3.426**	9.84	30.749	-2.066**	6.91	0.127
Hampering condition						
No (base)						
Yes	-0.112	0.70	0.894	0.135	0.78	1.145
Country						
Portugal (base)						
Germany	0.541	1.60	1.718	-1.307**	3.14	0.271
Denmark	0.431	0.91	1.539	a)	-	-
Netherlands	2.188**	5.42	8.919	a)	-	-
Belgium	0.944*	2.08	2.571	-1.246*	2.51	0.288
France	0.838*	2.52	2.311	-1.453**	4.04	0.234
UK	0.649	1.71	1.913	-1.022*	2.48	0.360
Ireland	0.444	1.16	1.559	-1.310**	2.87	0.270
Italy	0.491	1.50	1.634	-1.410**	4.86	0.244
Greece	0.609	1.71	1.838	-0.714*	2.42	0.489
Spain	0.059	0.18	1.061	-0.787**	2.93	0.455
Constant	18.978	-	-	-30.306	-	-

Source: ECHP, waves 1 and 5 (own estimates)

Obs.: The models were also tested for interaction terms between variables but no significant interaction was identified.

Notes: * significant at 0.05; ** significant at 0.01

a) No elderly in the national sample living in extended household

¹ The likelihood of living alone was calculated only for the elderly not married. That way the research design controls for a potentially differentiated incidence of marriage in different countries and analyses the relative impact of the other variables.

The gender factor has been mentioned several times along the previous sections as one important structuring element of living arrangements in old life. The multivariate analysis clarifies the nature of that importance. In fact, once controlling for all other factors, gender does not show as significant as one could initially expect (it is only marginally significant in the first model). This reinforces the association between gender and other variables, namely marital status, and dilutes any real gender-based difference in the choices in terms of living arrangements.

The same way as gender, age shows no significance in itself. Once more it seems this is the result of the association between age and living arrangements highlighted in the descriptive analysis being mediated by other factors, namely by marital status.

Marital status does seem to work as one of the most impacting single factors in life among the elderly. As shown under model 2, it is among those elderly that are deprived of a cohabiting spouse that the likelihood of living in some type of extended household increases.

The striking impact of the previous living arrangements is key to understanding the relatively static condition of living alone. What the results displayed in the table seem to suggest is that once the elder person lives alone, they are likely to remain like that. This in turn is very much associated with the loss of a spouse, as the results on the experience of bereavement along the survey seem to suggest.

The health variable included shows no significant impact in the likelihood of living alone or of living in extended households. Again it is in other events, namely in the changes in marital status, that one seems to have to look for the triggering mechanism of changes in living arrangements.

Finally, in a rough attempt to control for the effect of the social policy context, a series of dummy variables for country were included in the models. The significant effect is only visible as far as the likelihood of living in an extended household is concerned. This is coherent with the familialist argument I have put forward for the Portuguese case, but the fact that the likelihood of living alone in Portugal is more or less the same as in all other ECHP countries brings about some questions. In particular, it seems to plant the seed to enquire about the prevalence and/or erosion of the familialist mode in the lives of the elderly. That topic will be examined in chapter 6.

3. Financial conditions in old age

The well being of individuals in contemporary societies is very much associated with their financial resources. In the most straightforward way, it allows individuals to purchase whatever is lacking for the fulfilment of that well being. When financial resources are missing or are scarce other resources need to be activated, among them informal networks or formal social assistance. In any case, it is very important to address financial conditions in old age to understand fully the logic of the strategies the elderly activate.

The information available in each wave refers to the income available in the year prior to the survey. I use data for household income (from this point forward designated as income) and not personal income for a set of different reasons. On one hand, the focus on living arrangements brings us to the household level of analysis. On the other hand, and from a more methodological perspective, analysing the household income instead of the personal income allows one to consider transfers within the household and that way to have a better measure of the objective living conditions of the elder person.

3.1. Low income and poverty in old age

Reproducing the generalised low level of pensions in Portugal, the sample of Portuguese elderly shows a very low level of income when compared with their European counterparts. Table 5.5 below displays the national median income for both the general population and the sub-sample of elderly people, for the 11 ECHP countries. Given the characteristics of income distributions in general in terms of asymmetry, readings from the median give more reliable information about the central tendency of the distributions than the mean.

Table 5.5. Median household income of ECHP national samples and elderly sub-samples, in 1998 (household income equalised for the OECD modified scale and harmonised for PPPs)¹

Country	National sample	Elderly sub-sample
Germany	14157.42	13078.75
Denmark	14559.91	9627.43
Netherlands	13600.00	11572.91
Belgium	14203.28	11364.63
France	12878.02	11547.28
UK	14919.57	9331.09
Ireland	10772.98	7584.47
Italy	9646.94	9059.23
Greece	7497.07	5466.61
Spain	8285.51	7728.99
Portugal	6691.12	4791.91

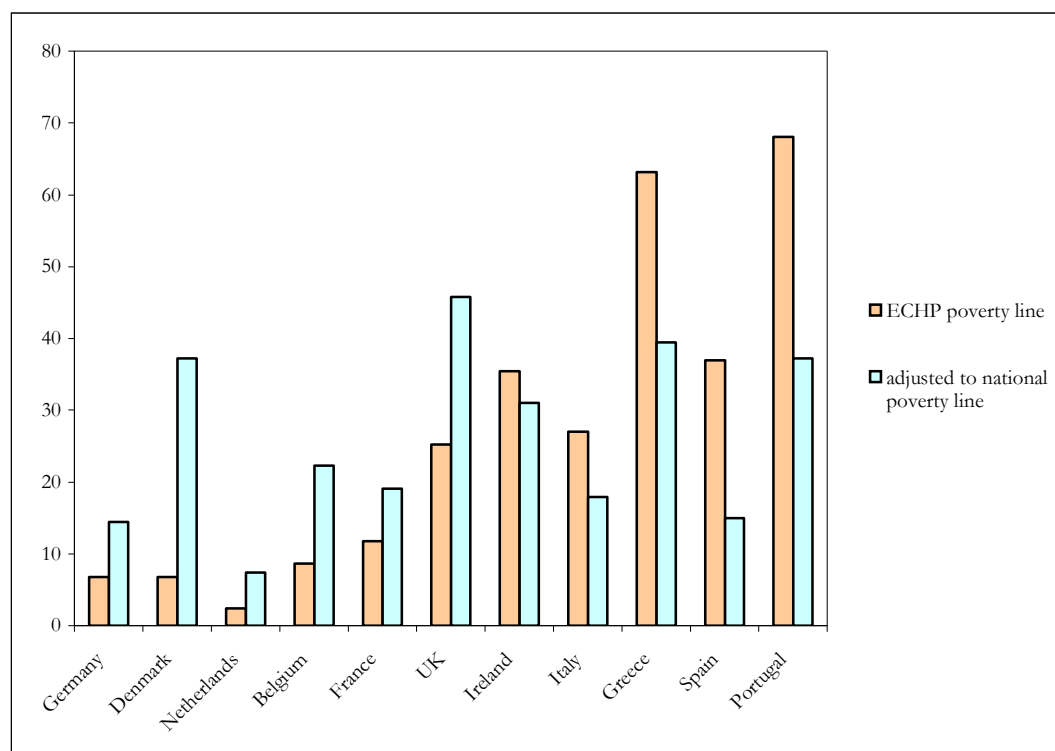
Source: ECHP (own estimates)

Notes:

¹ To analyse the income variable I first had to weight the household income by the number of individuals in the household. The OECD modified scale is an equivalence scale that assigns different weights to the individual members of the household, allowing computing for each an individual income value: the scale attributes a weight of 1 to the first adult, 0.7 to other adults and 0.5 to each child. After this equivalence procedure I had to harmonise the variable in terms of its unit of measurement. The ECHP records income values in national currencies. To standardise these national currencies I have chosen to use a weighting procedure that also considers the differences in the life standards among countries: the Power Purchase Parities, PPPs. Because in each year of the survey the income recorded refers to the previous year I have used the 1997 PPPs to harmonise income in 1998. PPPs are supplied by Eurostat and are the same as the PPP's used by the European Commission.

The table clearly shows Portugal as a country with a generalised low level of income, especially among the elderly population. Portugal is followed by Greece and Spain and to a certain extent by Ireland as well, but maintains its ranking as the country where financial conditions in old age seem to be the worst. This income distribution reinforces the analysis presented in chapter 3 about the limitations of the pension system in Portugal. Within the national framework, and that is of more interest for this research, the relative position of the elderly is strikingly bad as one can realise from the information represented in figure 5.4 below. The graphic representation displays the share of elderly people below the poverty line in each ECHP country, but defining the poverty line in two different ways: as 60% of the ECHP median income; and as 60% of the national median income.

Figure 5.4. Proportion of elderly people below the poverty line, in 1998, in 11 ECHP countries (proportions for poverty line as 60% of ECHP median income and adjusted for national poverty lines)



Source: ECHP, wave 5 (own estimates).

If we take as a reference for defining a poverty line the 60% of the national sample median household income we come to the conclusion that almost 40% of the Portuguese elderly are below that value. This proportion increases to almost 70% if we take the ECHP poverty line, again reflecting the comparatively worse off financial situation of the Portuguese elderly.

It is not the aim of this thesis to focus on income per se or to engage in any substantive discussion on the meaning of income as a measure of poverty. The research goal is rather to analyse the available data to provide the clearest picture possible of the living realities of the Portuguese elderly. The figures above seem to sustain a claim for a generalised low income that surely has strong impacts on their overall well being as well as on the opportunities available to address needs and demands that may arise from old age. I will discuss this issue in more detail in the next chapter. In any case, and just as a note, one can collect these pieces of data and understand more clearly the generalised lack of interest of the private sector in Portugal to develop services of support to the elderly. In terms of policy design this

must be taken into account and must be accepted as an indicator of the reasons why market-based solutions will not be feasible in the short-run in Portugal.

3.2. Extended participation in the labour market and economic relief in old age

One of the most striking differences that distinguish Portugal from the rest of the ECHP countries is the high share of elderly people that declare being engaged in some type of professional activity after the statutory age of retirement. Against an ECHP average of 2.2%, Portugal shows a proportion of 8.9% of 65 plusers declaring being active in the labour market. This difference is particularly significant as it can be taken as an indicator of the worse off financial situation of the Portuguese elderly when compared with their ECHP counterparts. If one goes back to the discussion on the information contained in chapter 3, the generalised low level of old-age pensions that characterises the Portuguese system is most certainly a key factor to consider.

This topic will be resumed in detail in chapter 6. At this stage the analysis introduces some elements that will provide coordinates for a more in-depth discussion of the financial dimension of living arrangements in old age in Portugal. The first relates to the importance of the elderly themselves as income generators.

If one looks at the distribution of living arrangements among the working elderly, it is clear that the higher share of working elderly in Portugal is seen in all living arrangements, including those that imply some type of multi-generations cohabitation.

Table 5.6. Shares of working elderly in each type of living arrangement, in 1998 (percentages within living arrangement)

Living arrangement	ECHP	Portugal
Living alone	2.2	7.2
Living with spouse	5.0	17.6
Living with spouse and adult children	10.4	13.7
Living with adult child	3.9	16.2
Living in complex household with dep. children	4.4	9.7
Living in complex household without dep. children	3.7	6.7

Source: ECHP, wave 5

These comparatively higher shares of elderly working after the statutory age of retirement may be equally related to the socio-economic model that is still

predominant in large portions of the Portuguese society. Among the features of that model it should be highlighted the prevalence of traditional rural modes of social functioning and the high shares of self-employed people in the labour force. As for the first, it is significant to note that among the elderly declaring that they are still working, a bit more than 63% are working in agriculture activities. As for the second, around 69% declare being self-employed and 5.5% are unpaid workers in family business. Although the data available do not allow for any further considerations, the traits identified above seem coherent with the description others have made about the Portuguese society as still marked by strong elements of rurality (Pinto 1985; Almeida 1986; Pina-Cabral 1995).

The logical question to ask, given this scenario, seems to be to what extent is this lasting participation in the labour market an efficient way to pull up the elderly from poverty? This and other related questions will be examined in chapter 6.

4. The foundational trinity of familialism: women, household and care

As stated in the opening of this chapter, one of the objectives is to include in this first approach to how familialism shows in the lives of the Portuguese elderly some remarks on how families engage in looking after them. That is the topic of this section.

Familialist systems are not identified by a greater willingness of people to engage in caring activities, namely in caring for elderly people. What I argue is specific to familialist systems is the way caring activities are entangled with the household structure and with gender roles. Moreover, and despite the inequalities and burden this often represents on women in particular, what characterises familialist systems is the way caring arrangements remain functional within the overall household structure.

Table 5.7 displays cross-sectional frequencies of engaging in caring for a person other than a child in 1998 in the 11 ECHP countries. A note on the question asked to individuals and on the fact it did not identify clearly caring for an elderly person – the ECHP distinguishes only between looking after a child and looking after a person other than a child. It is assumed that caring for a person other than a child designates those who look after an elderly, although this might also include disabled people of

younger age. Given that the recipient of care is not identified, it is impossible to regroup the sample in any other way besides the original ECHP grouping.

Table 5.7. Descriptive variables on the amount and nature of engagement in care for elder people, in 11 ECHP countries, in 1998 (percentages in each national sample)

Country	% engaged in care for elderly	Intensity of care giving (% of those engaged in care)			Location of care (% of those engaged in care)		Caring prevents from taking paid work	% of women among those engaged in caring for elderly
		Less than 14 hours per week	14 up to 28 hours per week	More than 28 hours per week	Cared after person lives in household	Cared after person lives elsewhere		
Germany	3.0	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Denmark	6.9	66.9	19.7	13.4	30.0	69.3	15.5	63.2
Netherlands	7.5	45.9	44.9	9.2	29.9	70.1	15.3	58.4
Belgium	6.8	68.7	15.6	15.7	30.2	68.7	13.5	57.1
France	4.1	64.3	22.2	13.5	35.6	63.3	6.8	63.8
UK	15.4	n.a.	n.a.	n.a.	31.4	64.4	n.a.	58.0
Ireland	5.1	31.2	17.5	51.3	56.9	42.6	33.3	67.6
Italy	6.6	41.6	30.7	27.7	45.7	49.8	15.9	64.3
Greece	4.1	34.0	46.1	19.8	65.2	32.2	14.8	78.4
Spain	5.8	17.3	25.9	56.8	66.6	32.3	20.3	72.8
Portugal	5.1	23.8	23.0	53.2	83.0	15.7	32.7	85.1
ECHP	6.2	53.5	22.5	24.0	49.2	48.6	18.1	64.8

Source: ECHP, wave 5

Obs. Cases are weighted

Note: n.a. means data were not available for the country on that particular variable

A first analysis of the data shows what some would find surprising higher shares of people engaged in caring for an elderly person in countries such as Denmark, The Netherlands or Belgium, especially when compared to the Southern European cluster. Portugal in particular is shown as a country where the share of engagement in caring for elderly people is significantly low, in any case well below the ECHP average.

This should be interpreted in two ways. First, it shows that familialism does not mean higher commitment of individuals with caring for older cohorts of their society, the later measured as the share of individuals engaged in caring activities. Second, global shares of engagement in caring activities do not say anything about the content of the care being provided and the consequences of providing care for the individuals involved.

My interpretation of this is that in familialist systems, largely as a consequence of the lack of a formal institutional setting that can provide support services, caring for the elderly is basically a household matter and a responsibility of women. This reflects

the reproduction of the strongly gendered divisions of responsibilities within the household that characterise familialist systems, as well as the nature of caring as an economic arrangement that involves the entire household. The association of this to the normative system has more to do with the responses of individuals and households to a poor institutional setting than to a somehow more cohesive social fabric where intergenerational solidarity is more valued. The analysis on the normative universe put forward in chapter 7 will bring additional elements to this discussion.

Several reports have been published on the gendered dimension of caring for elderly people and on the unequal consequences of engaging in caring for men and women (Cancian and Oliner 2000; OECD 2000; Pickard 2001). The structural gender bias of care is a much-debated topic that the thesis does not address *per se*. The focus on this study is to show how that gender bias in the Portuguese case appears associated with the fact that caring for the elderly is a household matter.

My argument is that the particularly exacerbated gender bias in the Portuguese case is significantly associated with the fact that caring for the elderly takes place inside the household and in that sense tends to be an intense activity. This is largely a consequence of the insufficiencies of the institutional framework that makes it difficult to combine moderate informal care giving with the use of formal services of care. Given that the burden of caring for the elderly will fall on the household, rather than on an individual, within the household that burden will be absorbed differently by the household members, with the major consequences falling on women.

Going back to the data presented in table 5.7 it is clear that the empirical evidence gathered suggests an explanation like the one outlined. Countries with high shares of carers, such as Denmark, Netherlands or Belgium, according to the same table, are countries where most of the care giving takes place outside the household of the carer. On the contrary, for countries such as Portugal, but also Spain and Greece, caring seems to imply co-habitation between the carer and the recipient of care. This supports my argument about the Portuguese case and about familialist systems.

It is likely that the average citizen of any country would like to see his or her elderly parents being cared for and getting all the support they need if in a situation of frailty or incapacity. Also one would accept that for most people being personally involved in the life of that elderly relative is something all accept as part of their responsibilities. The models according to which that involvement takes place and the

extent of the impact of that involvement in the individual's life though may vary significantly.

If care giving takes place outside the household, that means one of two things: either the recipient of care has a moderate to low need for care, therefore retaining a high level of autonomy; or, there are formal services that provide for the support needed and complement the care provided informally by a family member or friend. In any case, it seems plausible to infer that in situations where there is no co-habitation between the carer and the recipient of care, the intensity of the care giving is more moderate than in the situations where that cohabitation occurs. If, on the other hand, care giving takes place inside the household then that means a permanent proximity between the carer and the recipient of care, which undoubtedly suggests a higher intensity of care giving, if not *de facto* at least potentially. Additionally, it is likely that when the care giving takes place inside the household, the presence of the recipient of care will directly affect all members of the household, whereas in situations where it takes place outside the household of the carer it can be potentially confined to an individual situation that affects solely the care provider and not necessarily the other members of his or her household.

This is the second piece of evidence to build my argument. It would be plausible to expect that a broader involvement of the household in care giving would mean a potentially more equitable distribution of the tasks involved in caring for an elderly person. However, in familialist settings, on the contrary, it only reinforces the gender division of work within the household and therefore the burden on women.

It seems that in Portugal caring for an elderly person is an affair of the household. It implies cohabitation between the carer and the recipient of care and as such it configures a context of intense care giving. The data displayed shows that, although the gender bias is a common cross-national trait when analysing caring for the elderly, it is more pronounced in some countries, namely in Spain, Greece and Portugal and, among these, more exacerbated in the Portuguese case. Caring for an elderly person in Portugal is based on a triangle that articulates the household, women and intense care giving.

The implications of the erosion of this triangle seem to be the focal point of any discussion on policy design for an ageing population in a country like Portugal. That, and other issues already outlined along this chapter, will be addressed in detail, for the Portuguese case, in the following chapter.

Conclusion

This chapter has presented the results of the analysis of ECHP data focusing on cross-national comparisons. The discussion put forward answers the first set of research questions introduced in chapter 4. The research questions addressed were as follows:

- What are the living arrangements and the living conditions of the Portuguese elderly compared to their European counterparts?
- Do the Portuguese elderly organise their lives activating comparatively more family resources than their European counterparts living in less familialised social policy systems?
- Is it possible to identify a higher incidence of extended households with multi-generations cohabitation among the Portuguese elderly; a lower incidence of elderly living alone in Portugal; and more intense flows of support from the family network (namely from adult children) to the old person in Portugal?

The main conclusions of the analysis introduced along this chapter suggest that there are some trends differentiating the welfare arrangements of the Portuguese elderly when compared with their European counterparts. Some of those trends are also identifiable in other countries that are usually introduced in the literature as examples of familialist systems. Such is the case of Spain or Greece and to a large extent Italy. It was seen that there is a higher share of elderly living in some types of extended household in Portugal and a lower share of elderly living alone. The changes observed between 1994 and 1998 further showed that both types of living arrangements have increased in the 5 year period considered. This simultaneous increase was considered quite interesting as it reveals the likely co-existence of a trend of convergence with the modern European societies (more elderly living alone) and the resilience of more familialist arrangements (more elderly living in extended households).

The analysis put forward along the chapter has tried to disentangle some of the inner logics behind the patterns in living arrangements. The conclusion seems to be that

there are similar and differentiating elements in the lives of the Portuguese elderly when compared to their European counterparts.

In terms of demographic trends, it was seen that there is a considerable amount of commonalities among the elderly in all countries considered. Gender and age show as the main axes of variation in living arrangements: men are more likely to have their spouses around for longer in their lives; women are more affected by widowhood; very old women are more likely to be living alone. This gender-age variation was showed to be related to the differentiated impact of marital status along the gender-age line.

These commonalities though appear alongside with some distinctive traits for the Portuguese case. It was seen that in Portugal the impact of marital status, namely the impact of widowhood, goes both ways: it is likely to trigger an elder person to live alone as it is to live in an extended household. It was also seen that, in Portugal, living in an extended household is not just an arrangement for the very old but a significant element in the living arrangements of younger elderly as well.

The analysis has also tried to test some associations between living arrangements and the risk of dependency by looking at some health variables. It was possible once more to identify the co-existence of patterns of similarity and of differentiation between the Portuguese elderly and their European counterparts. Among the similarities, it is worth highlighting the prevalence of spouses as main carers of disabled elderly. Among the differentiating trends, there is a higher share of potentially disabled elderly living in extended households in Portugal. Yet, the complex nature of the relationships outlined cannot be fully captured by the data available. The limitations of the ECHP data on health related variables are certainly a topic to reflect upon.

On the topic of financial conditions, the analysis has shown that the characteristics of the pension system in Portugal are reflected in the worse off situation of the Portuguese elderly when compared with their European counterparts. The Portuguese elderly are poorer than the average elder European from a monetary perspective. It was also shown that the Portuguese elderly are comparatively more engaged in the labour market after the statutory age of retirement than their European counterparts. This was observed in all forms of living arrangements.

Finally, the chapter has included a first attempt to analyse flows of exchange of support focusing on the delivery of care to the elderly. The results suggest two main

conclusions. On one hand, there are similar patterns of engagement in caring for the elderly across Europe and in that sense that there is no empirical evidence to support that in familialist systems people are more engaged in looking after their elderly. On the other hand, the data showed that there are differences between engagement in caring and modes of engaging in caring for an elder person. In Portugal, as well as in other Southern European countries, although the overall levels of engagement in caring for the elderly are similar or even lower than the ECHP average, caring for an elder person, when it takes place, seems to involve cohabitation between carer and cared for and seems to imply a more intensive delivery of care, measured as total amount of time spent caring for the person. This was said to be likely to reinforce gender differences in engagement in care in familialist settings, since within the household the burden of caring is likely to fall on women.

Overall, the results put forward in this chapter start demonstrating, from a comparative perspective, how familialism translates into the lives of the Portuguese elderly in terms of family dynamics. The main conclusions of this chapter open the way to further enquiries and are to be followed by a more in-depth analysis of the Portuguese case to unravel the logics behind some of the trends identified. That is the topic of chapter 6 that follows.

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